

THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE  
CENTERS FOR DISEASE CONTROL AND PREVENTION  
NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

convenes the

THIRTY-NINTH MEETING

ADVISORY BOARD ON  
RADIATION AND WORKER HEALTH

ABRWH BOARD MEETING

The verbatim transcript of the  
Meeting of the Advisory Board on Radiation and  
Worker Health held telephonically on August 8, 2006.

C O N T E N T S

August 8, 2006

WELCOME AND OPENING COMMENTS DR. PAUL ZIEMER, CHAIR	7
NTS SITE PROFILE UPDATE AND DISCUSSION OF PATH FORWARD MR. ROBERT PRESLEY, WORK GROUP CHAIR	12
DISCUSSION OF NIOSH'S PROPOSED CONFLICT OF INTEREST POLICY DR. JAMES MELIUS, WORK GROUP CHAIR	30
PUBLIC COMMENT ON CONFLICT OF INTEREST POLICY DR. PAUL ZIEMER, CHAIR	75
CONTINUATION OF COI DISCUSSION DR JAMES MELIUS, WORK GROUP CHAIR	82
ROCKY FLATS SEC ISSUES MR. MARK GRIFFON, WORK GROUP CHAIR	105
SC&A CONTRACT TASKS FOR NEXT FISCAL YEAR DR. LEWIS WADE, TECHNICAL PROJECT OFFICER SC&A CONTRACT	128
INDIVIDUAL DOSE RECONSTRUCTION AND TASK III REVIEW UPDATE MR. MARK GRIFFON, WORK GROUP CHAIR	242
PLANS FOR SUBCOMMITTEE ACTIVITIES DR. PAUL ZIEMER, CHAIR	253
CONSTRUCTION WORKER ISSUES DR. PAUL ZIEMER, CHAIR	261
BOARD WORKING TIME	267
COURT REPORTER'S CERTIFICATE	280

### TRANSCRIPT LEGEND

The following transcript contains quoted material. Such material is reproduced as read or spoken.

In the following transcript: a dash (--) indicates an unintentional or purposeful interruption of a sentence. An ellipsis (. . .) indicates halting speech or an unfinished sentence in dialogue or omission(s) of word(s) when reading written material.

-- (sic) denotes an incorrect usage or pronunciation of a word which is transcribed in its original form as reported.

-- (phonetically) indicates a phonetic spelling of the word if no confirmation of the correct spelling is available.

-- "uh-huh" represents an affirmative response, and "uh-uh" represents a negative response.

-- "\*" denotes a spelling based on phonetics, without reference available.

-- (inaudible)/ (unintelligible) signifies speaker failure, usually failure to use a microphone.

## PARTICIPANTS

(By Group, in Alphabetical Order)

### BOARD MEMBERS

#### CHAIR

ZIEMER, Paul L., Ph.D.  
Professor Emeritus  
School of Health Sciences  
Purdue University  
Lafayette, Indiana

#### EXECUTIVE SECRETARY

WADE, Lewis, Ph.D.  
Senior Science Advisor  
National Institute for Occupational Safety and Health  
Centers for Disease Control and Prevention  
Washington, DC

### MEMBERSHIP

- 1 CLAWSON, Bradley  
2 Senior Operator, Nuclear Fuel Handling  
Idaho National Engineering & Environmental Laboratory
- GIBSON, Michael H.  
President  
Paper, Allied-Industrial, Chemical, and Energy Union  
Local 5-4200  
Miamisburg, Ohio
- GRIFFON, Mark A.  
President  
Creative Pollution Solutions, Inc.  
Salem, New Hampshire
- 3 LOCKEY, James, M.D.  
4 Professor, Department of Environmental Health  
5 College of Medicine, University of Cincinnati

1 MELIUS, James Malcom, M.D., Ph.D.

2 Director

3 New York State Laborers' Health and Safety Trust Fund

4 Albany, New York

PRESLEY, Robert W.

Special Projects Engineer

BWXT Y12 National Security Complex

Clinton, Tennessee

ROESSLER, Genevieve S., Ph.D.

Professor Emeritus

University of Florida

Elysian, Minnesota

IDENTIFIED PARTICIPANTS

BARRIE, TERRIE, ROCKY FLATS

BEHLING, HANS, SC&A

BEHLING, KATHY, SC&A

HINNEFELD, STUART, NIOSH

MAKHIJANI, ARJUN, SC&A

MAURO, JOHN, SC&A

MILLER, RICHARD, GAP

NETON, JIM, NIOSH

ROLFES, MARK, NIOSH

STAUDT, DAVID, HHS

P R O C E E D I N G S

(10:05 a.m.)

WELCOME AND OPENING COMMENTS

DR. PAUL ZIEMER, CHAIR

1 DR. ZIEMER: We are, according to my clock, about  
2 five past the hour, so I think we should  
3 proceed. We do have a quorum.

4 DR. WADE: Yes, we do.

5 DR. ZIEMER: Again, officially, Dr. Wade, if  
6 you would take the roll call for the record,  
7 and then we will proceed.

8 DR. WADE: Okay. Dr. Ziemer?

9 DR. ZIEMER: Present.

10 DR. WADE: Dr. Lockey?

11 DR. LOCKEY: Present.

12 DR. WADE: Dr. Poston?

13 (No response)

14 Gen Roessler?

15 DR. ROESSLER: Present.

16 DR. WADE: Bob Presley?

17 MR. PRESLEY: Present.

18 DR. WADE: Dr. Melius?

19 DR. MELIUS: Present.

20 DR. WADE: Mark Griffon?

1           **MR. GRIFFON:** Present.

2           **DR. WADE:** Mike Gibson?

3           **MR. GIBSON:** Present.

4           **DR. WADE:** And Brad Clawson?

5           **MR. CLAWSON:** Present.

6           **DR. WADE:** And Lew Wade is on line.

7           **DR. ZIEMER:** Thank you. And the court  
8 reporter, Ray Green, is here and is in -- in  
9 action.

10 Thank you, everyone. This is the official  
11 August 8th Advisory Board on Radiation and  
12 Worker Health Conference call. The agenda has  
13 been distributed by e-mail. It is also on the  
14 web site for members of the public. I hope  
15 everyone that's involved has got a copy of the  
16 -- of the agenda.

17 You will note in the agenda that there is a  
18 public comment session scheduled for this  
19 morning that will focus particularly on the  
20 issue of conflict of interest. We do want to  
21 hear from members of the public on that issue,  
22 if -- if they have such comments.

23 We also have a lunch break scheduled at 12:15,  
24 and the other items on the agenda you see,  
25 presumably, before you. We will follow the



1 agenda, at least sequentially. The time  
2 schedules are always sort of estimates. We may  
3 reach a certain point sooner or later than we  
4 estimate, so we'll -- we'll just proceed in the  
5 order given and see where we end up in terms of  
6 the time. And we have the flexibility of  
7 adjusting the times if necessary.

8 I do want to thank everyone, particularly the  
9 working groups that have worked very hard  
10 outside the meetings themselves -- that is  
11 outside our official Board meetings -- and  
12 worked since our Washington meeting just a  
13 little over a month ago, and we appreciate all  
14 that work.

15 I'm going to ask Lew Wade, the Designated  
16 Federal Official, also to make some additional  
17 comments, particularly concerning our  
18 membership today.

19 **DR. WADE:** Thank you, Paul. Let me begin by --  
20 and this is Lew Wade. Let me begin by thanking  
21 the Board members and, as Dr. Ziemer so  
22 appropriately did, the working groups. It's  
23 been a very busy summer for the Board and its  
24 working groups, and we'll hear the results of  
25 much of that work on this call, and then

1           certainly more completely at our September  
2           face-to-face meeting.

3           As Dr. Ziemer mentioned, there has been some  
4           changes in the -- the make-up of the Board. I  
5           was notified on August the 1st by White House  
6           personnel that they had taken action to retire  
7           from the Board Wanda Munn and Dr. DeHart. This  
8           was presented to me as part of the normal  
9           rotation that the Board is -- is and will  
10          undergo. At the same time I was told that the  
11          White House personnel had taken action to  
12          reappoint for another term Dr. Melius, Mike  
13          Gibson and Mark Griffon. I have asked  
14          repeatedly when we will receive notification of  
15          incoming Board members, and I'm told that that  
16          is to happen soon, but it hasn't happened  
17          certainly in time for this call. So we have  
18          now nine Board members, eight on the call right  
19          now, and that's the status of things.

20          I would obviously be remiss if I didn't  
21          publicly thank Wanda and Roy DeHart for -- and  
22          I don't know if they're on the call, but we'll  
23          do this more formally in September in Nevada,  
24          but thank them for yeoman service. They've  
25          given unselfishly to the public through this --

1           this round of their public service, and I  
2           personally can't thank them enough. I know  
3           Paul has thanked them personally, and I think  
4           we'll have opportunities for all Board members  
5           to do that when we get together in Nevada.

6           **DR. ZIEMER:** That's right, although it's my  
7           understanding that Roy DeHart may actually be  
8           overseas at that time and may not be able to be  
9           with us, but we certainly thank them both for  
10          nearly five years of -- of really concentrated  
11          and appropriate service to the Board and -- and  
12          thereby to our nation. Certainly we'll miss --  
13          miss them on the Board.

14          **DR. WADE:** And there are holes in -- you know,  
15          we'll talk about this when we get to the Board  
16          working time and our subcommittee activities,  
17          but there are obviously holes that have been  
18          left by their departure and we'll have to talk  
19          about how to deal with those in terms of  
20          subcommittee and working group assignments.

21          **DR. ZIEMER:** And Lew, just for the record, we  
22          officially at this moment have nine Board  
23          members. A quorum is -- I believe under our  
24          rules is one more than 50 percent, is that  
25          correct?

1 DR. WADE: Correct.

2 DR. ZIEMER: It'd be six, I guess.

3 DR. WADE: Right, if you round up, it's six.

4 DR. ZIEMER: Yeah. And a majority on voting of  
5 course would be five.

6 DR. WADE: Correct.

7 DR. ZIEMER: Although at the moment we only  
8 have eight present and voting, unless Dr.  
9 Poston gets -- comes on the line.

10 DR. WADE: Correct.

11 DR. ROESSLER: This is Gen. Paul and -- and  
12 Lew, when we get to the Board working  
13 discussion, I'd like to bring up a question  
14 about what is meant by the -- what you just  
15 said, the normal rotation. I'm not sure that  
16 any of us really know what that means, and I  
17 think some clarification on that would be  
18 beneficial to Board members.

19 DR. WADE: Okay, we'll do that when we come to  
20 Board working time.

21 DR. ROESSLER: All right. Thank you.

22 DR. ZIEMER: Thank you, Gen. Let's proceed  
23 then with the agenda as we have it before us.

**NTS SITE PROFILE UPDATE AND DISCUSSION OF**  
**PATH FORWARD**  
**MR. ROBERT PRESLEY, WORK GROUP CHAIR**

24

1           The first item on the agenda is an update on  
2           the Nevada Test Site site profile and  
3           discussion of the path forward. The Chairman  
4           of the working group for Nevada Test Site is --  
5           is Bob Presley, and Bob, why don't you kick off  
6           our discussion here and give us an update on  
7           Nevada.

8           **DR. WADE:** Could I interrupt just briefly?

9           **DR. ZIEMER:** Yes, you certainly can.

10          **DR. WADE:** Just to have a very brief conflict  
11          of interest discussion.

12          **DR. ZIEMER:** Oh, yes.

13          **DR. WADE:** We do have one Board member who is  
14          conflicted at the Nevada Test Site, and that is  
15          Mark Griffon. The Board has been operating to  
16          rules that would say that a Board member with a  
17          conflict, as it relates to site profile  
18          documents and discussions, can participate in  
19          the deliberations but may not vote or offer  
20          motions pertaining to that site profile  
21          document. So while Mark is conflicted, he can  
22          stay involved in the discussion, participate in  
23          the discussion, but would not be able to make  
24          motion or vote. And that's the only conflict  
25          with regard to Nevada Test Site. Sorry,

1 Robert.

2 **MR. PRESLEY:** No problem.

3 **DR. ZIEMER:** Okay. Thank you.

4 **MR. PRESLEY:** First I'd like to thank Brad and  
5 Gen and Wanda especially for participating in  
6 this. We had a meeting three weeks ago in  
7 Cincinnati that I thought was excellent. We  
8 have 25 issues from SC&A that we went through,  
9 finished up around -- oh, 4:00 o'clock that day  
10 with the 25 issues. Out of the 25 -- or they  
11 called them responses, I'm sorry, the 25  
12 responses from SC&A -- we came up with three  
13 issues and the first one I'll go through is a -  
14 - is the response four of the items. It has to  
15 do with oro-nasal breathing in relation to  
16 inhalation. And what we plan on doing is the -  
17 - we're going to go back and NIOSH will  
18 continue discussions between SC&A and NIOSH and  
19 they're going to review the possibility of  
20 changing some of the guidelines on this,  
21 especially for hot particles in the NTS work  
22 area. And that's one of the issues.  
23 Comment five, or response five, had an issue  
24 with that, and that had to do, again, with the  
25 resuspension. And what -- the working group

1           has agreed with SC&A that they can bring Lynn  
2           Osbaugh (sic) on board to review parts of the  
3           papers that -- and the information that NIOSH  
4           and SC&A have, and he's going to go back and  
5           review this and give us a recommendation on  
6           this.

7           And then the last issue was issue 25 of the  
8           comments, and the issue involves docum--  
9           documentation of site expert interviews. And  
10          what we plan on doing with that is SC&A's going  
11          to review and make comments to the working  
12          group on this issue at our next meeting.  
13          Presently we have not got another meeting set  
14          up.

15          I just received Arjun's comments on the 2nd.  
16          As y'all know, we -- we have a new arrival in  
17          our family and we haven't been home a whole  
18          lot. She -- she came on the 3rd and I haven't  
19          -- I've sent Arjun's comments around to the  
20          committee members, but we have not incorporated  
21          them into the comment sheet yet. We will do  
22          that, send that on around to all the committee  
23          members, have one agreed response with each one  
24          of these comments or issues, and then we will  
25          come back and give the Board our recommendation

1 and the Board can take it from there.

2 How's that?

3 **DR. ZIEMER:** Okay, thank you very much, Bob.

4 Let me see if any of the Board members have  
5 questions or if -- if others in your working  
6 group have additional comment.

7 **DR. ROESSLER:** This is Gen. Just for the  
8 official record, the person he referred to on  
9 the resuspension discussion is Dr. Lynn  
10 Anspaugh, A-n-s-p-a-u-g-h.

11 **DR. ZIEMER:** Yes.

12 **MR. PRESLEY:** Okay, thank you.

13 **MR. GIBSON:** And this is Mike Gibson. What is  
14 his background?

15 **DR. ZIEMER:** Yeah.

16 **MR. PRESLEY:** Let's see, I might let somebody  
17 else --

18 **MR. GIBSON:** Background and maybe history at  
19 the --

20 **DR. ZIEMER:** On Lynn Anspaugh? Are you asking  
21 for Anspaugh's background?

22 **MR. GIBSON:** Yes, and his history at the site  
23 and -- and his credentials.

24 **DR. ROESSLER:** I think Arjun and John Mauro  
25 have been in tou-- this is Gen -- have been in



1 touch with him, and I would assume that they  
2 have maybe asked for an official bio or know a  
3 little bit more about his background. I could  
4 tell some things off the top of my head, but it  
5 wouldn't be official.

6 **DR. WADE:** Well, if John -- is John Mauro on  
7 the line?

8 **DR. MAURO:** Yes, I am. This is John Mauro.  
9 I'll speak into the headset, make it a little  
10 easier for Ray. Yes, we've been in touch with  
11 Lynn. He -- he has signed up as an SC&A  
12 associate. We are currently going through the  
13 process of putting him through our conflict of  
14 interest program, our Privacy Act and quality  
15 assurance procedures, and we have not yet  
16 turned him on to actually review the work.  
17 That's going to happen shortly.  
18 His background, bottom line, is he works as a  
19 consultant, researcher, for DOE but not as an  
20 employee in terms of working at the Nevada Test  
21 Site. And his major area of research is widely  
22 published, and cited heavily in the site  
23 profile, is resuspension factor at the Nevada  
24 Test Site. And -- and he has in the past been  
25 reviewing not only the site profile for Nevada

1           Test Site on his own, and al-- he has also  
2           reviewed, interestingly enough, our review of  
3           the Nevada Test Site, and he has opinions  
4           regarding both documents.

5           And so very shortly we will be working closely  
6           with him to get his feedback on not only the  
7           particular issue related to resuspension  
8           factors and whether or not the site profile  
9           applies the way he -- his research intended,  
10          but also he probably'll have some observations  
11          and comments on perhaps other aspects. So  
12          he'll be bringing to the table quite a bit of  
13          expertise regarding the Nevada Test Site.

14         **DR. ROESSLER:** This is Gen. I think -- it's my  
15         understanding that -- from the phone call, when  
16         he called in to our Board meeting, and that was  
17         very difficult --

18         **THE COURT REPORTER:** Excuse me, Dr. Roessler?

19         **DR. ROESSLER:** Yes.

20         **THE COURT REPORTER:** This is Ray. I'm having a  
21         real hard time hearing you.

22         **DR. ROESSLER:** Okay. Maybe I -- I'm going to  
23         try walking -- I'm using a portable phone. Let  
24         me --

25         **THE COURT REPORTER:** Oh.

1           **DR. ROESSLER:** -- (unintelligible) the base and  
2           see if I might need to do that.

3           **THE COURT REPORTER:** That might be better.

4           **DR. ROESSLER:** Can you hear me better now?

5           **THE COURT REPORTER:** Yeah, a little bit. Thank  
6           you.

7           **DR. ROESSLER:** What about now?

8           **THE COURT REPORTER:** That's -- that is better.

9           **DR. ROESSLER:** Okay, I might need to just stay  
10          near the base.

11          **THE COURT REPORTER:** Okay. Thank you.

12          **DR. ROESSLER:** But it's my understanding that  
13          Dr. Anspaugh could also speak about episodic  
14          events that might be appropriate in evaluating  
15          the less than 250 day rule. Am I right on  
16          that?

17          **DR. MAURO:** This is John Mauro. I -- we did  
18          not discuss that, but certainly his vast  
19          experience there cert-- would bring -- possibly  
20          bring to the table that, but that was not a  
21          topic of our discussion, but it -- but  
22          certainly we will engage him on that, also.

23          **DR. ZIEMER:** John, this is Ziemer again. Do  
24          you have additional bio information you can  
25          share with Mike Gibson? I think Lynn used to

1           be at one of the DOE sites in California, did  
2           he not?

3           **DR. MAKHIJANI:** Dr. Ziemer, I believe -- this  
4           is Arjun Makhijani. I believe he was at  
5           Lawrence Livermore.

6           **DR. ZIEMER:** Yes, I believe that's correct.  
7           I'm -- I wasn't absolutely certain. I know  
8           he's done a lot of work on these -- these  
9           topics in Russia and Byelorussia in follow-up  
10          on some of the weapons and in the Chernobyl  
11          stuff out there, so he's considered a world  
12          expert in this area. But he does have -- have,  
13          in the past, some DOE ties.

14          **DR. MAURO:** I will forward to the Board -- we  
15          have his bio here. It's part of the records we  
16          keep for -- for every associate and employee.  
17          And I will forward his bio on to the Board  
18          right aft-- perhaps at the break, at  
19          appropriate break, 'cause we do have it on -- I  
20          don't have it in front of me right now, but we  
21          do have it. It's part of the package that we,  
22          you know, create when someone joins up with us.

23          **DR. ZIEMER:** Okay.

24          **DR. MAKHIJANI:** I have it. He was -- he was  
25          the scientific director of the Nevada Test Site

1 off-site radiation -- radiation exposure review  
2 project from '79 to '96, and -- so basically  
3 he's been involved in assessing the effects of  
4 -- of fallout for quite a long time, and then  
5 he was codirector of the Risk Sciences program  
6 at Livermore -- Lawrence Livermore National Lab  
7 from '92 to '95, and he's been involved with --  
8 with the Nevada Test Site program for quite  
9 some time. And he's currently I believe at the  
10 University of Utah.

11 **MR. GIBSON:** This is Mike again. So -- and I -  
12 - I heard you, John, say that you would forward  
13 his bio, and maybe I missed this. Was he  
14 employed by the contractor, by DOE, or was he a  
15 consultant to either one of the two entities?

16 **DR. MAURO:** My understanding, he was employed  
17 by DOE as a researcher, but not as a -- I guess  
18 an -- an employee at a site.

19 **DR. MAKHIJANI:** No, no --

20 **DR. MAURO:** Arjun, maybe you can --

21 **DR. MAKHIJANI:** -- he was --

22 **DR. MAURO:** -- I don't have --

23 **DR. MAKHIJANI:** -- he was at the Lawrence  
24 Livermore National Laboratory for quite some  
25 time.

1           **DR. MAURO:**   Okay.

2           **DR. MAKHIJANI:**   1982 to 1992 -- yeah, 1976 --  
3           so he both is -- his association with Lawrence  
4           Livermore I believe goes back to 1963 as -- as  
5           a biophysicist, so he would have been employed  
6           by the University of California, which was the  
7           contractor, of course, for the Lab.

8           **DR. MAURO:**   We will get the bio out -- and by  
9           the way, he will be filling out our conflict of  
10          interest forms, all of which will be, you know,  
11          including on our conflict of interest web site,  
12          so we'll have an op-- he's going through this  
13          process right now so he can get a -- know  
14          exactly what he can and cannot do -- do in  
15          terms of advising us, and perhaps even  
16          authoring certain materials, but we're not  
17          there yet.

18          **DR. ZIEMER:**   Okay.   Mike, does that answer your  
19          question, at least for the time being?

20          **MR. GIBSON:**   Yeah, I'll wait and see his bio,  
21          yeah.

22          **DR. ZIEMER:**   Yeah.

23          **MR. GIBSON:**   Thank you.

24          **DR. ZIEMER:**   Thank you.   Other comments or  
25          questions on the report of the workgroup?   What

1           -- Bob Presley, what will we expect then to  
2 occur at our Nevada meeting?

3           **MR. PRESLEY:** What I'm hoping to do is go ahead  
4 and get Arjun's comments on the web to the  
5 other two working group meeting members, to  
6 NIOSH and then back to SC&A. We will agree on  
7 those. We may have to have a conference call  
8 to talk about that. We were -- we were talking  
9 about having a face-to-face but we couldn't get  
10 mainly me together on those dates, so we'll try  
11 to have a conference call and, if at all  
12 possible, I would love to solve this thing off  
13 before our meeting at NTS and for the working  
14 group to give the Board a recommendation at NT-  
15 - at Nevada.

16           **DR. ZIEMER:** Okay.

17           **DR. MAKHIJANI:** Mr. Presley, may I make a  
18 comment? This is Arjun.

19           **MR. PRESLEY:** Yeah, Arjun, go ahead.

20           **DR. MAKHIJANI:** The -- the three items that Mr.  
21 Presley mentioned are the items that were still  
22 -- the working group, SC&A and NIOSH are still  
23 discussing and -- and where some differences  
24 have to be ironed out. And there were these 25  
25 issues that Mr. Presley mentioned, and on the

1 rest of the issues basically NIOSH has agreed  
2 that they need to -- either they have gone away  
3 because of the SEC and they involve the  
4 atmospheric testing period, or NIOSH has agreed  
5 that they're going to review the issues and  
6 make changes to the site profile. So in terms  
7 of the working group, the action items are  
8 three. But in terms of NIOSH responding to  
9 SC&A's site profile review, there are -- there  
10 are a larger number of action items for NIOSH,  
11 but not for us at this time.

12 **DR. ZIEMER:** Okay, thank you.

13 **MR. PRESLEY:** That's correct. And it -- and it  
14 may hinge on whether NIOSH can get the  
15 corrections and the changes into the site  
16 profile by then and get them out. As  
17 everybody's aware of, that's less than -- oh,  
18 somewhere in the neighborhood of about 35 days,  
19 so it's not -- there's not a whole lot of time.  
20 We can try. If we can't, we'll -- we'll go on  
21 down the road at the next meeting with it.

22 **DR. ZIEMER:** Okay. Other comments or  
23 questions?

24 **MR. GIBSON:** Yeah, this is Mike.

25 **DR. ZIEMER:** Mike.



1           **MR. GIBSON:** A question for Bob for his working  
2           group. Is the working group -- are you looking  
3           at whether the doses came from strictly the --  
4           the U.S. weapon test sites or from -- from --  
5           there may have been test sites at other -- in  
6           other places, other countries, as far as the  
7           dose.

8           **MR. PRESLEY:** Mike, let me -- as far as I know,  
9           the doses are coming from NTS workers in the  
10          United States. Yes, we had some test sites  
11          that were other than NTS, and I actually don't  
12          know whether any of the claimants are from any  
13          of those other sites or not. That's something  
14          that we're not privy to. But I would assume  
15          that all of the information's coming from the  
16          Test Site. Is there somebody from NIOSH that  
17          can answer that better?

18          **MR. ROLFES:** Bob, this is Mark Rolfes at NIOSH.  
19          We do have claimants from Amchitka and  
20          (unintelligible) nuclear explosion site, as  
21          well as Pacific Proving Grounds, but the issues  
22          that we're covering I believe are only for  
23          Nevada Test Site today.

24          **THE COURT REPORTER:** I'm sorry, who was that  
25          speaker, please?

1           **MR. ROLFES:** This is Mark Rolfes.

2           **THE COURT REPORTER:** Okay. Thank you.

3           **MR. PRESLEY:** Mark, thank you very much.

4           **MR. ROLFES:** You're welcome, Bob.

5           **MR. PRESLEY:** Mike, did that answer your  
6 question?

7           **MR. GIBSON:** Yeah, for now, but...

8           **DR. ZIEMER:** This is Ziemer again. Mike, I  
9 thought at first you were asking perhaps about  
10 the contributions from other weapons tests to  
11 the Nevada workers or --

12          **MR. GIBSON:** Correct.

13          **DR. ZIEMER:** That is -- or are you asking if  
14 worldwide fallout had an additional  
15 contribution that either contributed or was not  
16 accounted for? I'm not sure which you were  
17 asking. Is it something along that line?

18          **MR. GIBSON:** Right, from -- from other sites  
19 that -- as being -- is that dose being  
20 attributed to...

21          **DR. ZIEMER:** Well, this is Ziemer again, and  
22 that -- let me insert a comment here, and then  
23 maybe NIOSH can -- one of the NIOSH staff can -  
24 - can respond to it, but as far as worldwide  
25 fallout is concerned, let's say --

1           **MR. GIBSON:** (Unintelligible)

2           **DR. ZIEMER:** Are you talking worldwide?

3           **MR. GIBSON:** No, no, I'm sorry, Paul, on the --

4           **DR. ZIEMER:** Oh, okay.

5           **MR. GIBSON:** It -- it's my understanding from  
6 what I've been reading through that the British  
7 did some tests at Nevada also.

8           **DR. ZIEMER:** Oh, I see, other -- tests by other  
9 groups -- okay, I'm with you.

10          **MR. GIBSON:** Is that dose going to be  
11 attributed to their dose reconstruction by  
12 NIOSH?

13          **MR. HINNEFELD:** This is Stu Hinnefeld. Yes, it  
14 would. Any -- any testing at Nevada Test Site  
15 would be included.

16          **DR. ZIEMER:** Regardless of who did it.

17          **MR. HINNEFELD:** Yes.

18          **MR. GIBSON:** Okay.

19          **DR. ZIEMER:** Okay, Mike. Does that -- is that  
20 what you were asking?

21          **MR. GIBSON:** Yeah, that's -- I think that's  
22 what I was...

23          **DR. ZIEMER:** I gotcha. Okay, thank you. Are  
24 there further questions or comments for -- on  
25 this topic?

1           **DR. MELIUS:** Just -- Jim Melius, just a  
2           comment. We still have outstanding the follow-  
3           up on the Special Exposure Cohort, the -- that  
4           Gen mentioned, the less than 250-day issue, and  
5           that's something we probably should talk about  
6           during our work time later in the meeting.

7           **DR. ZIEMER:** That's correct. In fact we do  
8           have that 250-day issue as a kind of a separate  
9           issue that covers perhaps more than one site,  
10          but it certainly is one that's applicable to  
11          this location as well.

12          **DR. WADE:** Right, in the Board's decision --  
13          this is Lew Wade -- in the Board's SEC  
14          recommendation on both Nevada Test Site and  
15          Pacific Proving Grounds it left open the issue  
16          of less than 250 days to be considered by the  
17          Board. So I think, Paul, while the 250-day  
18          issue is something we need to consider  
19          everywhere, I think there is some urgency to  
20          consider it for Nevada and Pacific Proving  
21          Ground.

22          **DR. ZIEMER:** Right, those two sites.

23          **DR. WADE:** Right.

24          **DR. ZIEMER:** Right. But that at the moment is  
25          not part of what this workgroup is involved in.

1           **DR. WADE:** No, this is the workgroup looking at  
2           the site profile. We --

3           **DR. ZIEMER:** Site profile.

4           **DR. WADE:** We do have a workgroup that is to  
5           look at SEC issues, that workgroup chaired by -  
6           - let me consult my notes --

7           **DR. ZIEMER:** By Melius, I believe.

8           **DR. WADE:** -- by Melius, Griffon, Wanda -- to  
9           be replaced -- and Lockey. And queued up for  
10          them is this Nevada Test Site/Pacific Proving  
11          Ground 250-day issue.

12          Just so everybody can be thinking from the same  
13          base, we suspended activity as we dealt with  
14          the conflict of interest that appeared for  
15          SC&A. That issue has now been resolved. We  
16          can talk about that this afternoon some. SC&A  
17          is available for the Board to -- to use as it  
18          sees fit on this or any issue related to Nevada  
19          Test Site.

20          **DR. ZIEMER:** Okay.

21          **DR. MELIUS:** I was just mentioning it as a --  
22          sort of a -- put a placeholder for discussion,  
23          and also for anybody listening in who's  
24          interested in Nevada Test Site and wondered why  
25          we weren't talking about it now, so...

1 DR. WADE: Thank you.

2                   **DR. ZIEMER:** Thank you, Jim. Other comments or  
3                   questions on Nevada Test Site?

4	(No responses)
---	----------------

## DISCUSSION OF NIOSH'S PROPOSED CONFLICT OF INTEREST POLICY

**DR. JAMES MELIUS, WORK GROUP CHAIR**

5 Okay. If not, let us move on to our next  
6 agenda item, which is the issue of conflict of  
7 interest policy. We have the most recent  
8 version of NIOSH's proposed conflict of  
9 interest policy. We've -- we have had a  
10 working group that was reviewing that -- that  
11 draft document and generating proposed comments  
12 for the Board to consider. Jim Melius chaired  
13 that and Jim, let me ask you to lead us in that  
14 discussion.

15 DR. MELIUS: Okay.

16 DR. ZIEMER: And also as you do that, Board  
17 members, there -- there is a draft of the  
18 working group's proposed comments that Jim  
19 distributed this past week and I want to make  
20 sure folks have copies of those.

21 DR. MELIUS: Also that draft is also available  
22 on the -- the web site under --

23 DR. ZIEMER: For the public. Right?

24 DR. MELIUS: -- for the public under -- just

1           under the agenda for this meeting so that it's  
2           available, as -- as well as -- another place on  
3           the web site is the -- the NIOSH conflict of  
4           interest policy that we are referring to, which  
5           is the revised draft dated July 18th, 2006, and  
6           that is what we are commenting on.

7           **DR. ZIEMER:** And our document is called "Draft  
8           ABRWH Comments, NIOSH Statement of Policy,  
9           Conflict of Interest, July 18th Draft."

10          **DR. MELIUS:** Right.

11          **DR. ZIEMER:** Okay. Jim, do --

12          **DR. MELIUS:** Lew, do you have any -- want to  
13          make any comments or introduction on the July  
14          18th NIOSH statement?

15          **DR. WADE:** Well, just a couple of -- one before  
16          then and then -- then some comments there.  
17          What we've -- the way we've arranged this  
18          morning's time is that the Board will have an  
19          opportunity to chat, then we'll hear public  
20          comment, then the Board will go back to its  
21          deliberations so that the Board can deliberate  
22          upon the things that it's heard in the public  
23          comment.

24          With regard to the July 18th draft, I did send  
25          it to Board members with a note and pointed out

1           that two things -- there were a number of  
2           changes, and again, NIOSH heard the previous  
3           public comments at the last Board meeting and -  
4           - and received comments from the public, as  
5           well as individual Board members. Based upon  
6           those, it made some modifications. The -- the  
7           two things that -- worthy of note, NIOSH heard  
8           comments and accepted comments that the -- the  
9           conflict of interest policy that was in place  
10          for the Board's contractor -- that's SC&A -- is  
11          something that the Board had deliberated long  
12          and hard on, and the feeling was that that  
13          should remain in place and really not be  
14          superseded by this.

15         The other was the Board itself, and what NIOSH  
16         is saying in this most recent policy is that  
17         the Board is certainly subjected to conflict of  
18         interest considerations as a result of their  
19         being Special Government Employees, as a result  
20         of the fact that this Board is a FACA, as a  
21         result of the fact that they are government  
22         employees. And that establishes a basis for  
23         what represents a conflict of interest or a  
24         perceived conflict of interest.

25         NIOSH felt that anything over and above that



1 really should fall to the Board to decide upon,  
2 so there is a floor that exists for the Board  
3 members. If the Board wanted to add over and  
4 above that, NIOSH is suggesting that the Board  
5 deliberate on that. NIOSH is offering its  
6 policy as something for the Board to consider,  
7 but is not suggesting that it imposes its  
8 policy on the Board. The NIOSH policy does, in  
9 its appendix, enumerate Board actions if a  
10 Board member is conflicted and -- and you know  
11 what they are. You've repeated them many  
12 times.

13 Again, I don't find those in any way officially  
14 approved by the Board, but we have been using  
15 them and I think they make a fine statement.  
16 But I think the Board needs to also decide if  
17 it's comfortable with those rules that say if a  
18 Board member is conflicted, these are the  
19 resulting activities.

20 So I think NIOSH would like to hear from the  
21 Board about whether it wants to add anything to  
22 the floor for Board conflict that's established  
23 by FACA or government employees, and then also  
24 what the Board would like to consider as its  
25 operational rules, whether it wants to sort of

1           ratify them or modify them in some way. And  
2           then in general, NIOSH is very anxious to hear  
3           from the Board as to its reaction to the policy  
4           as presented. Thank you.

5           **DR. MELIUS:** The workgroup that was charged  
6           with preparing some comments for -- from the  
7           Board for -- on this policy, I chaired it. The  
8           other members included Brad Clawson, Mike  
9           Gibson and Paul Ziemer. We had a conference  
10          call a little over a week ago, I believe on  
11          July 31st, to discuss the NIOSH draft policy,  
12          as well as the draft set of comments that I had  
13          prepared. We -- the workgroup went over those  
14          comments and made a number of changes in them,  
15          and the resulting draft that's been circulated  
16          to the Board members, as well as posted on the  
17          web site, I believe I've reflected our  
18          discussions of -- of the workgroup in those --  
19          those comments and the changes I made. And  
20          that is I think what is proposed for the -- the  
21          group to discuss and adopt, change or whatever  
22          today.

23          I think -- I think for purposes of the public  
24          record and so forth, I think we need to go  
25          through this draft. Is that correct, Lew?

1           **DR. WADE:**   Correct.

2           **DR. MELIUS:**   And -- and maybe the easiest thing  
3           to do is to -- to go through it sort of  
4           paragraph by paragraph.   There is a series of  
5           11 comments there and I'll go through and I  
6           can, you know -- I can read it for the purposes  
7           of the public record and then give you a little  
8           bit of background on our discussions on that,  
9           then we can discuss each comment.  
10          Probably start with the -- the introduction and  
11          I'll go through the -- the first comment.  
12          Advisory Board on Radiation and Worker Health  
13          has reviewed the most recent draft of the  
14          conflict of interest policy.   In general we  
15          support NIOSH's efforts to improve and clarify  
16          the conflict of interest policy for this  
17          program and believe that it will improve the  
18          credibility of the program once this policy is  
19          implemented.   The Board has several comments  
20          addressing our continuing concerns about  
21          certain issues that are not yet clearly spelled  
22          out in the most recent draft.  
23          Comment number one -- footnote number 2, page  
24          1, the definition of conflict of (telephone  
25          transmission interrupted) appearance or

1 perception of a conflict of interest; i.e.,  
2 this policy should be trying to avoid or  
3 minimize actions that would have the appearance  
4 of a conflict of interest. I believe that the  
5 use of the term "potential conflict of  
6 interest" fully addresses this concept. We  
7 suggest adding the following sentences to  
8 footnote 2: "In some cases there may be an  
9 appearance of -- of or perceived conflict of  
10 interest, even where no legal conflict of  
11 interest exists. To the extent feasible, NIOSH  
12 will seek to minimize the appearance of or  
13 perception of conflicts of interest."

14 And -- and I think we -- the working group felt  
15 that it was important that we -- that conflict  
16 of interest includes more than just an actual  
17 conflict of interest, and then "potential"  
18 didn't quite capture that, that there are  
19 certainly many instances where one wants to  
20 avoid the -- the perception or appearance of --  
21 of a -- of a conflict of interest and that  
22 that's -- is actually already captured in some  
23 of the rules for, you know, government  
24 employees and some of the issues related to  
25 contractors so -- and then we should -- should

1 reference it here. I think it's relatively  
2 straightforward.

3 Any comments or questions on that?

4 **DR. ZIEMER:** And -- this is Ziemer -- Board  
5 members, I think it will be helpful to the  
6 working group if you indicate either agreement  
7 or disagreement with ideas as they're put forth  
8 here, just so we get some idea sort of what the  
9 consensus is as it -- you know, complete  
10 silence won't be too helpful.

11 **DR. MELIUS:** Yeah.

12 **DR. LOCKEY:** Hey, Jim -- Jim Lockey.

13 **DR. MELIUS:** Yeah.

14 **DR. LOCKEY:** I wanted to ask you a question  
15 about -- normally when I think of conflict of  
16 interest -- I -- I like your idea of a  
17 perceived conflict of interest, or potential  
18 conflict. I think that -- that's an important  
19 concept. If -- if somebody -- does the  
20 conflict of interest only run one way? Does it  
21 only run if somebody has a conflict of interest  
22 in that they were representing somebody from  
23 the Department of Energy? Or does it also run  
24 the other direction? Other words, if somebody  
25 is working for a legal firm in potential

1           lawsuits against the Department of Energy or in  
2           policy statements, is that a conflict of  
3           interest, or is that a perceived conflict of  
4           interest, or how would the general public look  
5           at that issue?

6           **DR. MELIUS:** Well, I -- I -- I think this  
7           section refers to the footnote -- it sort of  
8           refers to the introduction and purpose of the  
9           NIOSH statement of policy, so it -- it's making  
10          a more general statement about conflict of  
11          interest, and we thought that that general  
12          statement should -- you know, should also  
13          capture the idea that, to some extent, the  
14          policy would be to address, you know, the  
15          perceived or -- or appearance of a -- of a  
16          conflict of interest also. I think that your -  
17          - your comment I think goes more to the issue  
18          of the specific policy and -- and I think it's  
19          one of the reasons that we wanted to have some  
20          separation between the -- what the NIOSH policy  
21          now is was mostly intended for addressing their  
22          contractors who are doing work on this, and  
23          that -- that the policy would be specific to  
24          those contractors and that a policy for the  
25          Board members, for example, would be -- could

1           be based on different considerations; that the  
2           policy for the Board's contractor would be --  
3           could be based on other considerations. To  
4           some -- some of those are to some of the  
5           statutes and regulations that govern those  
6           particular relationships, so they -- for  
7           example, there are statutes that relate to  
8           Special Government Employees and being a member  
9           of a Federal Advisory Committee. So I think to  
10          sort of -- we can address that maybe a little  
11          bit later, but this was intended just as a sort  
12          of a general statement about that and it -- not  
13          to talk about the -- the application of  
14          conflict of interest, if that's...

15       **DR. LOCKEY:** Oh, I understand. So in this  
16       case, conflict of interest is -- is a broad --  
17       it's a broad -- if somebody has any dealings  
18       with any DOE sites, either one way or the  
19       other, that -- this was covered by that  
20       conflict of interest statement.

21       **DR. MELIUS:** Could be. This policy could --  
22       could addr-- cover that, and then -- then -- as  
23       I said, this is, you know, NIOSH's sort of  
24       footnoted definition that, you know, at least I  
25       viewed and I think other members of the

1           workgroup view as sort of a very general  
2           statement of how conflict of interest would be  
3           viewed in the document. And actually I think  
4           if you go through it, the document itself, it  
5           certainly implied that more than, you know,  
6           actual conflict of interest was what was being  
7           avoided. There was also issues of perception,  
8           you know, motivate -- perception of conflict of  
9           interest also motivated some of the specific,  
10          you know, procedures and steps that were set up  
11          in the document.

12       **DR. LOCKEY:** You know, I --

13       **DR. ROESSLER:** This is Gen. I don't want to  
14       interrupt Jim. Are you finished?

15       **DR. MELIUS:** Which Jim?

16       **DR. ROESSLER:** I'd -- I'd like to sometime go  
17       back to Jim's question, but on this particular  
18       item I think it's a good addition and a good  
19       change. But I'm -- I'm really not sure how  
20       much substance this has because it seems it's  
21       going to be very difficult to define what is  
22       meant by appearance of perceived conflict. Do  
23       we have any rules or any guidelines to go on  
24       for that?

25       **DR. WADE:** Well, this is Lew Wade. I mean



1 Emily Howell did send to Board members, in  
2 anticipation of this call, several documents  
3 that really sort of frame what the conflicts  
4 would be for government employees or Special  
5 Government Employees, and she sent you a  
6 section that deals with impartiality. And that  
7 section of the Federal Code is intended to deal  
8 with issues of appearance, so there is  
9 something we can use as a guide, you can use as  
10 a guide, but clearly when you get into this  
11 area it becomes more and more subjective the  
12 further away you go from the actual conflict.  
13 But I would point you to subpart E of 26.35 of  
14 5 CFR that tries to deal with impartiality.  
15 And it starts by saying (reading) This subpart  
16 contains two provisions intended to ensure that  
17 an employee takes appropriate steps to avoid an  
18 appearance of loss of impartiality.  
19 So it's trying --

20 **DR. ROESSLER:** Okay, I have that -- I do have  
21 that in front of me, I just had not had a  
22 chance to study it yet.

23 **DR. WADE:** It's -- I mean, you know, the -- as  
24 I said, Gen, the further away you get from the  
25 touchstone, the more difficult it is, and yet

1           there is guidance.

2           **DR. MELIUS:** Yeah, I (unintelligible) some  
3           similar guidance that NIH has in addressing,  
4           you know, grant reviews and, you know, conflict  
5           -- potential -- appearance of a conflict of  
6           interest depending, you know, on your  
7           affiliation with the university or having  
8           coauthored documents, you know, articles with  
9           one of the people that you're reviewing and --  
10          and so forth so -- I mean it's widely applied I  
11          think within -- certainly within government  
12          that -- but -- but I agree with you, Gen, it --  
13          it's something that does get very subjective  
14          and I think it's the specifics of the policy  
15          that -- that we have to evaluate to -- this  
16          comment was only just to say that in -- in a  
17          general sense (unintelligible) policy also all  
18          -- should address and consider the appearance  
19          or, you know, of -- of a conflict of interest.

20          **DR. ROESSLER:** Okay. I'm reassured. Emily's  
21          material just came through yesterday and I had  
22          not had a chance to look at it, but I  
23          appreciate, Lew, you pointing out that section.  
24          It's reassuring to see that we do have  
25          something in writing. I'm in agreement with

1 the proposed --

2 **THE COURT REPORTER:** Gen, I'm sorry, this is  
3 Ray. I'm still having a real hard time hearing  
4 you and I -- I'm sorry.

5 **DR. ROESSLER:** I don't know what else I can do.

6 **THE COURT REPORTER:** Well, that's better right  
7 there.

8 **DR. ROESSLER:** Okay, I --

9 **THE COURT REPORTER:** I'm sorry.

10 **DR. ROESSLER:** When I talk I'll just face the -  
11 - the base. I'll try and --

12 **THE COURT REPORTER:** Okay.

13 **DR. ROESSLER:** Did you get my last comment?

14 **THE COURT REPORTER:** Yeah, I'm getting it, but  
15 it's just sounding very muffled and everybody  
16 else is coming in pretty good.

17 **DR. ROESSLER:** Okay.

18 **THE COURT REPORTER:** I'm sorry.

19 **DR. ZIEMER:** This is Ziemer, if I might add a  
20 comment. The words that you see there in the  
21 quote are the words that I have suggested that  
22 be added, and I think the point is that in many  
23 of these cases there actually is not a conflict  
24 of interest in the legal sense, but it may look  
25 like there is. And to the extent that one is

1           able to avoid even the look, the appearance,  
2           you ought to take steps to do that. That's the  
3           intent. Even though it may not technically be  
4           a legal conflict of interest under -- under the  
5           variety of rules, to the extent that you can  
6           avoid even the appearance of that, that should  
7           -- should be pursued. But again, there are  
8           specific steps that you can take where it looks  
9           like there's a -- a conflict to address that  
10          and -- and -- and put all the facts out there  
11          and show what the situation is so that people  
12          from outside -- and I think the rules talked  
13          about what -- what a reasonable person would  
14          conclude from the facts of the situation. And  
15          you know, if a reasonable person is most likely  
16          to conclude that there really is a conflict,  
17          then you have to do something about that, under  
18          -- under the rules, not -- you know, it doesn't  
19          -- it's not prescriptive about what you do, but  
20          you -- it does say that you -- you have to do  
21          something.

22       **DR. LOCKEY:** Paul, I agree with that. I -- I  
23       read this as meaning total transparency.

24       **DR. ZIEMER:** Yeah.

25       **DR. LOCKEY:** And -- and if there's a potential

1           -- if there's a possibility it raises in your  
2           mind a potential conflict, just put it out  
3           there 'cause it's better to do it that way than  
4           to have somebody come back later and question  
5           you on it 'cause you didn't record it or didn't  
6           -- didn't let people know about it.

7           **THE COURT REPORTER:** I'm sorry, who was that,  
8           please?

9           **DR. LOCKEY:** This is Jim Lockey.

10          **THE COURT REPORTER:** Okay, thank you.

11          **MR. PRESLEY:** This is Bob Presley. I'm in --  
12          I'm in agreement with it. Everything comes  
13          down to legal or somebody like that making the  
14          final decision, doesn't it?

15          **DR. WADE:** This is Lew Wade. On one end, yes.  
16          I mean I -- I think there is the responsibility  
17          of all of us who -- who work under such  
18          policies to identify issues, so I think it  
19          starts with full disclosure identification by  
20          the party involved. Once that's done, then  
21          depending upon the particular entity within  
22          government, then there are procedures to be  
23          followed to make judgments. But I think we all  
24          have a responsibility in terms of complete  
25          disclosure.

1           **MR. PRESLEY:** This -- this is Bob again.

2           That's good. Thank you, Lew, that's good.

3           **MR. GIBSON:** This is Mike Gibson, and I -- I  
4           completely agree with total transparency and --  
5           and revealing conflicts of interest as far as  
6           your affiliation. But you know, on the other  
7           hand, given the lack of input from workers,  
8           whether they're salary or hourly, where they  
9           may have site knowledge, and given the point  
10          that -- and we're still waiting to hear how  
11          much site workers have been involved in doing  
12          site profiles -- they have valued knowledge  
13          that may -- it may not necessarily benefit  
14          themselves, but they have knowledge that could  
15          conflict with those who have been paid  
16          professionally, as in a management position, to  
17          write these site profiles. And I think that  
18          their knowledge should be able to be put on the  
19          table somewhere, whether it's -- you may have  
20          to recuse yourself and be a member of the  
21          public and address the Board, but it -- you  
22          know, there's just a lot of knowledge out there  
23          that -- to be fair and balanced, you know, I  
24          think that -- that that -- that knowledge and  
25          that experience and that ought to be heard.

1           **DR. LOCKEY:** Mike, it's Jim Lockey, I -- I  
2           agree with you. I don't think that that type  
3           of knowledge should be excluded at all. I just  
4           -- I agree with that 100 percent. When I --  
5           when I look at transparency, I always think  
6           it's better -- this is who I am, this is what  
7           I've done and this is my knowledge base, and  
8           then nobody can ever come back at any point in  
9           the future and try to use it -- try to say  
10          well, he didn't -- he or she did not reveal  
11          this conf-- potential conflict of interest,  
12          therefore we -- whatever they said may not be  
13          valid. I think it's better just to get it up -  
14          - get it out up front and then -- then use the  
15          knowledge that a person's able to provide, and  
16          the worker definitely is going to have a lot of  
17          knowledge to provide.

18          **MR. GIBSON:** Right, I agree. I mean give --  
19          give your full background and what you've done  
20          and your experience, but then be able to at  
21          least get your -- you know, your experience on  
22          the record.

23          **DR. LOCKEY:** I concur with that.

24          **MR. CLAWSON:** Jim, this is Brad Clawson. When  
25          we discussed this early in this meeting, it

1           wasn't -- it wasn't excluding anybody by using  
2           the term -- you know, we're -- we're trying to  
3           define here, it wasn't excluding anybody, was  
4           it? It was just that we were trying to bring  
5           forth this information up front.

6           **DR. MELIUS:** Correct. I mean all we're doing  
7           in this comment is addressing, you know, sort  
8           of the definition of conflict of interest  
9           that'll inform (unintelligible) this policy.

10          **MR. CLAWSON:** Right.

11          **DR. MELIUS:** And so that definition -- all this  
12          comment I think really says is that definition  
13          (unintelligible) appearance or perceived  
14          conflicts of interest, not just potential or  
15          actual conflicts of interest.

16          I think the next two comments really address  
17          some of the other discussion here, which was a  
18          point that we made at the last meeting and  
19          NIOSH has addressed in the latest draft is that  
20          it would -- it's better to sort of develop a  
21          policy that's specific for those situations  
22          that are -- you know, the particular group  
23          involved, so NIOSH has carved out what --  
24          they're call-- referred to as exceptions, which  
25          would be the -- the last -- the previous draft



1 of the policy attempted to cover both the Board  
2 and the Board's contractor, for example, and I  
3 just think that would -- that was confusing,  
4 but it also was trying to get -- there are  
5 different considerations there. We get --  
6 there earlier developed a policy  
7 (unintelligible) our contractor that at least  
8 at the time was more stringent than the  
9 conflict of interest policy for -- that was in  
10 place for NIOSH's contractor, at least in some  
11 ways. So I think we're -- how all of this gets  
12 applied I think it -- we -- we're -- it should  
13 be applied specifically and, you know, Paul, in  
14 the language he's proposed adding here that --  
15 that he wrote, that we're proposing to add, it  
16 says to the extent feasible. There's some  
17 issues of feasibility we have to consider,  
18 also.

19 **MR. CLAWSON:** Well, I think also something  
20 else, too, and we're -- we're kind of maybe  
21 getting a little off of this or whatever, but  
22 if we -- if we address these appearances right  
23 up front and everybody is on board, legal and  
24 everything else like that, I -- I feel like a  
25 lot of this is addressed because I agree with

1 Mike Gibson on -- that we have a lot of valued  
2 information out there and people that have a  
3 very good basis of it, these sites, that we --  
4 we need their information.

5 **DR. ZIEMER:** Jim, I suggest we continue with  
6 the next point then. I think you've gotten  
7 good feedback on this first one.

8 **DR. MELIUS:** Next point, this is -- refers to  
9 the exceptions, which is the new section on  
10 page 2 of the policy, section 2, exception 2.1,  
11 the exception for the --

12 **UNIDENTIFIED:** Hello?

13 **DR. MELIUS:** -- (unintelligible) Advisory  
14 Board. And the comment reads (reading) While  
15 we agree with the need to have a separate COI  
16 policy for the Board, we do not agree that the  
17 Board should, quote, create and administer,  
18 close quotes, its own policy, at least not  
19 independent of the COI provisions from FACA and  
20 other federal statutes that currently apply to  
21 the Board. The Board could supplement those  
22 requirements with additional requirements not  
23 in conflict with the FACA and other  
24 requirements currently in place. The Board  
25 does -- does support the three COI provisions

1 covering the Board's activities that are  
2 described in Appendix 1. The Board recommends  
3 discussion of this issue be placed on the  
4 agenda for a future Board meeting.

5 What we're trying to get at here is the -- the  
6 previous draft of the policy, as -- as I  
7 mentioned, had included the Board, the Board's  
8 contractors and it felt that was awkward. They  
9 had included this exception. But the way it  
10 was written here, it's sort of implied that we  
11 would just create our own conflict of interest  
12 policy, you know, de novo, with-- without clear  
13 reference to, you know, some of the legal and  
14 other statutes that govern our activities as --  
15 as, you know, FACA Board members. And there's  
16 two issues. One is we shouldn't be do-- I  
17 think trying to do it in -- without taking into  
18 account what we're legally or -- required to do  
19 and what -- the review that we all go through  
20 as -- as part of being part of a FACA  
21 committee. And secondly, sort of for the Board  
22 to sort of create and administer its own  
23 policy, de novo also, probably is not the  
24 correct approach. We, you know, sort of decide  
25 our own conflicts and then it -- it -- it makes

1           sense, so what we proposed doing was that --  
2           one is we ought to discuss this at length  
3           ourselves as to what kind of policy we should  
4           want to develop that would be in addition to  
5           what the FACA and the other statutes that  
6           already, you know, govern how we -- our  
7           conflict of interest as -- as Board members,  
8           and that probably deserve, you know, fuller  
9           discussion at a Board meeting rather than  
10          having the working group try to devise a policy  
11          to recommend to the -- to the full Board at --  
12          at this meeting.

13         But secondly that we were -- the three -- page  
14         12 of the July 18th draft in an appendix has  
15         these sort of -- I sort of refer to them as  
16         operational -- how has the Board been operating  
17         in terms of addressing conflict of interest  
18         issues. And they're very specific to actions  
19         that the Board commonly takes, the situations  
20         that commonly arise. The previous draft of the  
21         policy included them as part of the policy.

22         They've now been moved to an appendix, and I  
23         thought that we should, you know, concur that  
24         those are, you know, appropriate ways of making  
25         -- sort of operationalizing conflict of

1 interest requirements for the Board members.  
2 We may want to add more, we may want to, you  
3 know, change these or clarify them for other  
4 situations, but certainly there was something  
5 the working group was comfortable having us  
6 utilize or continue to utilize as the Board  
7 functions. So the -- I guess the -- the gist  
8 of the comment is that we need to discuss  
9 further if we want to develop a more complete  
10 policy for the Board, that ought to be  
11 something to discuss at a future Board meeting  
12 when we're all together in person. Secondly,  
13 meanwhile, we would support the continued  
14 adoption of those three rules that are included  
15 in Appendix 1.

16 Any comments or (unintelligible) on that?

17 (No responses)

18 Anybody disagree?

19 (No responses)

20 I already miss Wanda.

21 **DR. ZIEMER:** I think -- it sounds like there's  
22 no disagreement, Jim, so I think -- unless  
23 there is -- we should proceed.

24 **DR. MELIUS:** Section 2, the other exception is  
25 for the Board's contractors so let me read this

1           comment. Quote (reading) The same concept  
2           would apply to the Board's current policy for  
3           our contractor. Federal procurement and other  
4           statutes have COI requirements for our  
5           contractor, and these have already been  
6           supplemented in the awarding of their contract.  
7           At the time, those requirements are generally  
8           more stringent than the ones in place for  
9           NIOSH's dose reconstruction contractors. The  
10          Board recommends that these requirements be  
11          reviewed at a future Board meeting. End -- end  
12          of -- and again, it was just saying that the  
13          workgroup didn't feel comfortable trying to  
14          devise a new set of conflict of interest  
15          requirements for our contractor. That's  
16          something would be best done at a future Board  
17          meeting, but does that think we, you know, did  
18          have a policy in place. We discussed it at  
19          great length many years ago when we awarded the  
20          contract and -- or before we awarded the  
21          contract and so, you know -- appropriate to  
22          revisit them, let's do it at a future Board  
23          meeting.

24          Any disagreements or comments on that?

25          **DR. ROESSLER:** No disagreement.

1           **MR. PRESLEY:** Jim, this is Bob Presley. I  
2 think that's great.

3           **DR. WADE:** This is Lew Wade, just to tip my cap  
4 to the Board. I mean I worked on the SC&A  
5 contract and I think the policy that you put in  
6 place serves that contract well and in fact has  
7 formed the basis of much of NIOSH's thinking  
8 for the document I brought to you.

9           **DR. MELIUS:** No comments, I'll move on to  
10 comment number four, which deals with section  
11 3.0 in the document, also page 2, and it's  
12 entitled -- that section of the policy's  
13 entitled "Disclosure and Exclusion, Individual  
14 and Corporate." Let me read the -- read the  
15 comment.

16           (Reading) The application of this policy to  
17 corporate entities is not clear. Though the  
18 introduction to section 3 references both  
19 individual and corporate disclosure and  
20 exclusion, the substantive sections, section  
21 3.1, et cetera, are confusing and often only  
22 appear to reference individuals, not  
23 corporations. Corporate conflict of interest  
24 provisions are important and this section  
25 should be modified to more clearly address

1 corporate COI issues.

2 That's the end of the -- end of the -- the  
3 comment. Just the background, I think based on  
4 our comments and discussion of the previous  
5 draft of the policy, we raised the issue of --  
6 of including corporate conflict of interest.  
7 NIOSH has stated in this current draft that it  
8 -- it does cover corporate conflicts of  
9 interest. It doesn't -- just sort of didn't  
10 carry that through very clearly into all the  
11 subsequent sections. And some of it is  
12 wordsmithing, but I think some of it is that --  
13 I think is a little bit more thought to what  
14 are corporate conflict of interest provisions  
15 and -- and sort of the -- the series of  
16 questions that are asked. There may need to be  
17 some changes in those to more appropriately  
18 address possible corporate conflict of -- of  
19 interest.

20 **DR. ZIEMER:** And Jim, this is Ziemer, if I -- I  
21 could add to that, Board members, if you look  
22 in the -- in the appendices at the questions  
23 that are asked to test for conflict of  
24 interest, such as Section C, disclosure  
25 questions, they're all -- very clearly pertain



1           to individual conflicts. And I think one of  
2           the questions we had is what -- what questions  
3           do you ask of the corporation to determine  
4           conflict of interest; is there a parallel set  
5           of questions. So it's -- certainly NIOSH has  
6           indicated the intent to apply it, and we're  
7           simply saying or suggesting that that be  
8           spelled out a little more clearly as to how you  
9           -- how you do that or what -- what are the  
10          tests on a corporate scale that parallel the  
11          tests on an individual scale.

12          Is that a fair statement, Jim?

13          **DR. MELIUS:** Yeah, that is. I mean it -- I --  
14          I think it's -- it's a question of -- of some,  
15          you know, rewording that would -- would address  
16          this. And then it's actually in -- addressed  
17          here as comment number six where it says where  
18          the conflict of interest -- appendix to the  
19          conflict of interest disclosure form gets  
20          referenced in the document, but -- but as Paul  
21          just said, that also needs to be changed to  
22          more appropriately address this -- sort of --  
23          so a corporation could fill it out and --  
24          directly, as opposed to just an individual.

25          **DR. ROESSLER:** This is Gen. I agree with the

1           item. I think the workgroup has identified a  
2           very important item to explore or to complete.

3           **DR. MELIUS:** I think we all certainly support  
4           the -- the need for NIOSH to address corporate  
5           conflict of interest and it's particularly --  
6           I'll say troublesome, but -- but it -- I think  
7           it -- it's important in sort of how conflict  
8           can be perceived or appear -- there can be  
9           appearances of conflict of interest in this DOE  
10          world with many contractors, subcontractors and  
11          entities and so forth, and I think having some,  
12          you know, clearer questions and clearer on  
13          this, addresses, helps a lot in terms of  
14          disclosure and application of any policy.  
15          Any other comments on that?

16          **DR. ZIEMER:** And I might add parenthetically --  
17          this is Ziemer again -- that in cases where  
18          there do -- where there appear to be such  
19          corporate conflicts, then what -- one has to  
20          think carefully as to how you provide some sort  
21          of -- I think the term "firewalls" are used to  
22          -- within the -- within a corporation, for  
23          example, to -- to basically provide a barrier  
24          between parts of an entity that might be, on  
25          the surface -- or maybe actually -- in--

1           involved with what appears to be a conflict.  
2           We've got to do this with our own contractor,  
3           to some extent -- provide appropriate  
4           safeguards that assure that the -- the  
5           conflicts are addressed.

6           **MR. GIBSON:** Yeah, this is Mike. Paul, I  
7           agree. You know, I think there are -- there  
8           probably is a specific corporate conflict of  
9           interest provisions in contractors policies --  
10          you know, ORAU and whoever else, you know, and  
11          I -- I think, you know, that -- that disclosure  
12          of these should be made to us. Is there any  
13          way the Board can receive a copy of the current  
14          COI corporate disclosure policy used by ORAU,  
15          for example?

16          **DR. WADE:** Certainly. This is Lew. I can make  
17          that happen.

18          **MR. GIBSON:** Okay, thank you.

19          **DR. MELIUS:** And I think that might be helpful,  
20          Lew, when -- you know, change the -- inclu--  
21          sort of updated the policy, then clarify some  
22          of these corporate disclosure issues, I think  
23          it'd be useful to have that to reference.

24          **DR. WADE:** Right. I just -- speaking for  
25          NIOSH, Paul's comment of possibly also the

1 policy addressing remedy, such as firewall, if  
2 -- if that's the Board's pleasure then, you  
3 know, write that to NIOSH in your comments,  
4 that you would like to see such specificity in  
5 the policy. Or if you don't want it, then --

6 **DR. ZIEMER:** Lew, I'm not sure how specific one  
7 can be in the policy. I suspect that the  
8 solutions are very case-specific --

9 **DR. WADE:** Right.

10 **DR. ZIEMER:** -- although one might talk in  
11 general terms about the need for establishing  
12 appropriate firewalls in cases where there  
13 appear to be conflicts or -- but what is the  
14 remedy. In other words, how does one go about  
15 remedying these things.

16 **DR. WADE:** Okay. So whatever the Board would  
17 like to see, just let us know.

18 **MR. GIBSON:** This is Mike again, and I was -- I  
19 -- I think all of us received an e-mail from  
20 Mr. -- Strout?

21 **DR. WADE:** Staudt.

22 **MR. GIBSON:** -- Staudt, and he addressed the  
23 issue of the firewall that was created between  
24 SC&A for their various contracts and, you know,  
25 I'm kind of interested in that term and how

1           they came up with that, and I would just like  
2           to see what that consists of, just for -- I  
3           think it would be beneficial for our  
4           clarification for -- possibly beneficial to us.

5           **DR. WADE:** Why don't I invite David Staudt, or  
6           whoever he would care to name, to come to our  
7           next meeting and make a brief presentation on  
8           that?

9           **DR. ZIEMER:** Sure.

10          **MR. GIBSON:** Okay.

11          **DR. MELIUS:** Any other further comments on  
12          comment four?

13          **MR. GIBSON:** Jim, the only thing I would --  
14          this is Mike again. You know, getting back to  
15          the COI policies of the -- the corporations,  
16          it's probably be beneficial, I think, to see  
17          the -- the forms, the corporate forms that the  
18          folks are presented with to fill out and not  
19          just the policy, so we can see what they're  
20          asked and not asked and -- and everything else.

21          **DR. MELIUS:** And that's -- Mike, I believe  
22          that's covered in Section -- comment number  
23          six.

24          **MR. GIBSON:** Okay, I'm sorry, Jim.

25          **DR. MELIUS:** Oh, yeah --

1           **DR. ZIEMER:** Yeah, that was the issue we were  
2 talking about. There -- there are questions  
3 asked on an individual basis. What -- what is  
4 it you ask a corporation.

5           **DR. WADE:** Right, but Mike's requirement of me  
6 is that I share the in-place policy for ORAU,  
7 for example, on disclosure. And then I'll also  
8 provide any forms that are filled out by ORAU  
9 employees toward that disclosure, Mike.

10          **MR. GIBSON:** Okay, thanks.

11          **DR. MELIUS:** Any other comments on four? If  
12 not, I'll move to five, which also references  
13 Section 3.0, and that series of questions is a  
14 relatively minor, but there is the -- the  
15 comment reads as follows: (Reading) There is  
16 also some inconsistency in the reference as to  
17 whether AWE work is included in some provisions  
18 of this section.

19          That's the end of the comment. And basically  
20 they -- if you go through those series of  
21 questions starting with 3.1, in some of them  
22 they include DOE/AWE -- you know, were you  
23 employed, contractor, et cetera -- and they're  
24 not consistent in doing -- in a lot of places  
25 they drop the AWE and didn't seem appropriate

1           and I think someone just needs to read through  
2           and where including AWE is appropriate, it  
3           should be done.

4           Any comments or -- I think it's minor.

5                               (No responses)

6           If not, number six, the one we just talked  
7           about, the corporate -- there should be a  
8           corporate disclosure form, I think this is  
9           further discussion on that.

10          Number seven, Section 4.0 and actually refers  
11          to the Appendix 2, which is the individual  
12          conflict of interest disclo-- disclosure form  
13          and the -- that -- there's a section on that  
14          that refers to -- it's disclosure questions,  
15          and it has to do with the legal work. I'm  
16          trying to find the exact page for this. This  
17          is -- this is worded funny, but let me read the  
18          comment, then I'll look up -- (reading) The  
19          disclosure form for an individual should  
20          include a listing of the litigations -- cases  
21          that they participated in, not just the  
22          relationship with the attorney. The -- listing  
23          specific cases is common practice for expert  
24          witnesses.

25          It -- what that question did -- if I can --

1           **DR. WADE:** Page 21.

2           **DR. MELIUS:** Twenty-one, okay. Thanks. The --  
3           question 13 on page 21. It just says (reading)  
4           Do you have a relationship with an attorney  
5           that was representing EEOICPA claimant, DOE or  
6           site operator?

7           And it's just that we thought it would be more  
8           useful if you just simply refer to the -- the  
9           actual cases that you were involved in rather  
10          than a relationship with an attorney since in  
11          many cases there are lots of law firms and lots  
12          of attorneys. And the common way of  
13          referencing those is usually to the case, not  
14          to the -- the law firm and -- to provide a  
15          little bit more transparency to the -- to the  
16          issue.

17          Any comments or questions about that?

18                               (No responses)

19          If not, we'll -- moving on to the next comment  
20          is comment number eight, again refers to  
21          section 4 -- it's real-- it's the second  
22          paragraph under -- under 4.0. Let me read the  
23          comment. (Reading) The disclosure form should  
24          be updated, quote, within seven days, close  
25          quote, or some other specific time period



1        rather than leaving that open-ended.

2           The current way that -- that's worded is that  
3           it just leaves it entirely open. It says  
4           (reading) COI disclosure form should be updated  
5           as needed.

6 And we just thought it was more appropriate to  
7 include some time period, whatever -- I don't --  
8 -- there's nothing magic about seven days. I  
9 mean something -- you know, a reasonable time  
10 period shortly after there's been some change  
11 that warrants this, you know, updated  
12 disclosure would -- would be appropriate, so  
13 we're recommending that -- that some time line  
14 be in-- included in -- in that section.  
15 Any comments on that?

16	(No responses)
----	----------------

17 Okay. If not, assuming agreement, we'll go to  
18 comment number nine, which refers to Section  
19 5.5, and actually also refers to the other  
20 owners here. It's a fairly long comment, let  
21 me read it.

22 Section 5.5, (Reading) Portraying a site  
23 profile document owner as, quote,  
24 writer/editor, close quote, rather than, quote,  
25 author, close quote, appears to downgrade the

1 owner to a more passive role in the process.  
2 This person should not be just assembling  
3 sections written by site experts, et cetera,  
4 without critical review. As we've pointed out  
5 before, this is the weak link in this COI  
6 policy proposal to address the past practice of  
7 utilizing site experts who had an obvious  
8 potential conflict of interest as major  
9 contributors to a document. This new  
10 description of the owners' responsibilities  
11 does not help convince the Board that this  
12 person will actively and fairly manage the  
13 process. This concern also applies to owners  
14 of other types of documents described in the  
15 proposed policy.

16 We discussed this at the last meeting, I  
17 believe, and maybe even the meeting -- previous  
18 meetings where we've discussed conflicts of  
19 interest. And it struck me that -- and others  
20 -- that tho-- so these word change where  
21 somehow they -- they went from being an author  
22 to a writer/editor did sort of imply that that  
23 person would be less actively engaged in doing  
24 the inform-- actually reviewing and being  
25 involved in the gathering of information and

1           they're really having a strong technical  
2           understanding of a -- of a particular document.  
3           And the way this proposed policy would deal  
4           with the utilization of site experts and -- and  
5           others who may have a, you know, potential or  
6           appearance of a conflict of interest on a site  
7           really is very dependent on having a strong  
8           owner of -- of a document that is actively  
9           involved and does actively, you know, seek out  
10          other sources of information or opinion and  
11          input on a particular issue. And this comment  
12          was basically -- not that that section is much  
13          -- necessarily needs to be changed, but the  
14          fact that it -- it really is going to be very  
15          important that we see, you know, active -- you  
16          know, technically involved owners of -- of  
17          these documents and that they -- that our  
18          interchange with them, you know, and when we're  
19          reviewing site profiles and SEC evaluations,  
20          you know, demonstrates that -- that they are  
21          knowledgeable and actively involved in the  
22          document, not simply somebody that just --  
23          cutting and pasting, you know, the work of  
24          others and putting it in -- in a -- in a  
25          document.

1           **DR. ZIEMER:** And Jim, this is Ziemer, if I  
2           might add, I think we agree that we don't think  
3           it was NIOSH's intent to -- to actually  
4           downgrade this position. We -- in fact, I  
5           think we believe, based on what they said, that  
6           their intent is exactly what Jim described and  
7           that is to have a strong author, leader, owner,  
8           whatever the word is, but that this terminology  
9           doesn't appear to -- to be in line with that.  
10          If -- if one could find some words that  
11          emphasized and underlined the idea of having  
12          the document owner being really someone who  
13          really knew what was going on and -- and wasn't  
14          conflicted, but could take full ownership and  
15          they weren't just cutting and pasting what  
16          others told them. So we -- we think NIOSH's  
17          intent is to -- is to do what we described, but  
18          we think they need to express it better.

19          **DR. MELIUS:** Any other comments or...

20          **DR. ROESSLER:** I -- this is Gen. I think these  
21          are good comments, but I don't see a solution  
22          or a suggested remedy for -- for it.

23          **DR. MELIUS:** I think the -- the remedy is the -  
24          - is how this policy will get implemented. And  
25          I think we'll -- the -- sort of the test of a

1 policy and how it'll work will be in the  
2 future. I mean this is a change in approach  
3 and it's too early to -- to see and -- and I  
4 don't think we're -- we're agreeing with the  
5 approach, we just want to emphasize how  
6 important it is to this -- success of this  
7 policy and credibility of this program that --  
8 that this part of it, you know -- these people  
9 are actively involved, so that that intent be  
10 followed through on.

11 **DR. ROESSLER:** So you're not suggesting then  
12 that -- a change in the wording, but just that  
13 we understand better what the intent is?

14 **DR. MELIUS:** Correct, and that they -- they may  
15 want to consider some wording that would more  
16 clearly define what the role of this person is.  
17 The -- the activities didn't necessarily change  
18 from the previous draft, but some of the  
19 wording, you know, seemed -- seemed to indicate  
20 that -- a more passive role, and I think that -  
21 - we're saying that there can't be a passive  
22 role. It has to be a very -- has to be very  
23 actively involved.

24 **DR. ZIEMER:** And -- and certainly what Jim says  
25 is true, the test is in the -- in the doing,

1           and you can have the perfect written policy and  
2           if it's -- you know, if it's not -- doesn't  
3           stand the real test of actual actions, then it  
4           doesn't mean anything. So you want the wording  
5           to be right, but ultimately the test is in how  
6           it's actually done.

7           **DR. MELIUS:** If they don't change the wording  
8           but they ac-- they do it well, we'll -- we'll  
9           be happy.

10          **DR. ZIEMER:** Yeah. If they do change the  
11          wording and don't do it well --

12          **DR. MELIUS:** Well, then we're --

13          **DR. ZIEMER:** -- we haven't accomplished  
14          anything.

15          **DR. MELIUS:** Other comments? I'll go on. This  
16          refers -- next comment, number ten, refers to  
17          Section 6.4, which is un-- is the section that  
18          is starting to describe non-key program  
19          functions, and most of these were -- were  
20          straightforward, but the -- they do refer to  
21          one that's a complex-wide Technical Information  
22          Bulletin owner. Let me read the comment and  
23          then I'll sort of provide some of the  
24          background on this.

25          (Reading) The designation of the complex-wide

1           Technical Information Bulletin owner as a non-  
2           key program function -- problematic without a  
3           clear definition of this type of document. For  
4           example, this type of TIB may apply to only a  
5           few sites and the owner of such a document  
6           should not be allowed to have the potential for  
7           a conflict of interest at one of these few  
8           sites.

9           End -- end of comment. In our workgroup call  
10          we spent a fair amount of time, but -- on this  
11          issue because certainly one could see where  
12          something was a sort of very generic document  
13          that applied to many sites, there'd be  
14          situations where the -- sort of the non-key --  
15          this could be considered a non-key program  
16          function with some of the conflict of interest  
17          issues would be somewhat less stringent in  
18          terms of development of this document. However  
19          there are other ex-- examples where I think one  
20          would have some concerns that the -- about the  
21          potential for appearance of a conflict of  
22          interest in someone where it really only  
23          applied to one site and that person was -- was  
24          -- you know, came from that -- came -- you  
25          know, worked for that site and would not be

1           allowed to be the owner of a document un--  
2           under -- applied to that site was not  
3           considered a complex-wide Technical Information  
4           Bulletin. And we -- we thought that it really  
5           came down to what the definition was. There  
6           was no definition of that type of document in  
7           the -- document and the main thing was to  
8           clarify what they meant there. If they meant  
9           that it really was something that was complex-  
10          wide, that the proposed approach was  
11          appropriate and we just need a better under--  
12          understanding of that and they need to consider  
13          how to apply the policy in -- in various  
14          situations in terms of how it would apply and  
15          what would be the potential appearance of  
16          conflict of interest for the people involved in  
17          -- in writing that bulletin.

18          Any disagreement, comments on that?

19          **DR. ZIEMER:** This is really a clarification  
20          issue I think.

21          **DR. MELIUS:** Yeah.

22          **DR. ROESSLER:** We're still here. It sounds  
23          good.

24          **DR. MELIUS:** Okay, good. And the final  
25          comment, number 11, refers to section 7.2, it's



1           the disclosure -- actually it's come up  
2           earlier. Let me read the -- the comment. Let  
3           me preface it a little bit. The disclosure  
4           section refers to certain forms and so forth,  
5           how they'll be made available and so forth, and  
6           the -- the last sentence of that Section 7.2  
7           refers to some redaction of -- for trade  
8           secrets and business confidential information.  
9           And our comment is (reading) We question the  
10          need for redaction of information on corporate  
11          COI forms. This should at least be limited to  
12          specific types of information. An overly-broad  
13          interpretation could undermine the credibility  
14          of this disclosure.  
15          End -- end of the comment. And I -- I guess  
16          our concern was that -- partly I guess this  
17          "business confidential" is put in quotes and it  
18          wasn't clearly defined. And while we certainly  
19          would see the need for certain kinds of  
20          financial and other information that might be  
21          appropriately considered business confidential,  
22          we would much rather see it -- have a better  
23          understanding of what was covered by that and  
24          so that it did not become an excuse for, you  
25          know -- for us having a completely redacted,

1           you know, corporate disclosure form. And I  
2           think this also goes back to, you know, our  
3           comment that we didn't have a corporate  
4           disclosure form to review and so, you know, it  
5           may very well -- business confidential could be  
6           defined within that. There may -- actually may  
7           be some government definitions of it, but we  
8           just thought that needed to be -- part of it  
9           needed to be clarified and this shouldn't be an  
10          excuse for, you know, redacting all  
11          information, claiming it to be business  
12          confidential.

13       **MR. GIBSON:** Which -- this is Mike -- which I  
14       think most of the working group -- will speak -  
15       - I'll speak for myself as part of the working  
16       group -- strongly agree with.

17       **DR. MELIUS:** Other disagreements, agreements,  
18       comments on that?

19                               (No responses)

20       I take the silence to be agreement. And those  
21       were our -- our comments of our -- our working  
22       group that we're proposing for adoption by the  
23       Board as a set of formal comments to NIOSH. As  
24       per our custom, these will be subject to Paul's  
25       editing.

1           **DR. ZIEMER:** Well, I think the next step will  
2           be to get -- we -- we want to have some public  
3           comment, and then we can decide whether we want  
4           to adopt these today or have a final version at  
5           our next meeting. But let's first start -- if  
6           it's agreeable, move to the public comment  
7           period and give opportunity for members of the  
8           public to comment specifically on the conflict  
9           of interest policy.

10          Now what -- what we're interested in here is  
11          comments on the NIOSH draft, as well as any  
12          comments that pertain to the -- the Board's own  
13          comments on the draft and -- and related issues  
14          to what the Board's own policy might end up  
15          being. Clearly we will end up at some point  
16          with another separate document which will, as  
17          has been suggested, incorporate existing  
18          requirements for the Board and maybe any  
19          additional requirements that we may wish to  
20          impose.

**PUBLIC COMMENT ON CONFLICT OF INTEREST POLICY**  
**DR. PAUL ZIEMER, CHAIR**

21          But now I'd like to open the discussion for  
22          public comment. Members of the public, if you  
23          would identify yourself by name and location,  
24          or name and affiliation, for our court reporter

1           and then make your comments. I don't have a  
2           specific time limit, but it would be in  
3           everyone's interest if -- if we gave due  
4           consideration to the fact that there may be  
5           others who wish to make comments and not to  
6           monopolize the time.

7           So are there any members of the public who wish  
8           to comment on the conflict of interest policy,  
9           the draft NIOSH policy or the Board's emerging  
10          policies?

11       **MS. BARRIE:** Good morning. This is Terrie  
12       Barrie with you.

13       **DR. ZIEMER:** Good morning, Terrie.

14       **MS. BARRIE:** How are you, Dr. Ziemer?

15       **DR. ZIEMER:** Good.

16       **MS. BARRIE:** Good. Yes, I do have a short  
17       comment to make. Because of the late notice on  
18       this public comment period, I was unable to  
19       circulate a draft of our comments to the  
20       members and receive input back from them, so  
21       today I'll only be speaking as an advocate for  
22       some of the Rocky Flats claimants.

23       **DR. ZIEMER:** Uh-huh.

24       **MS. BARRIE:** I thank the Board for addressing  
25       your policy on NIOSH's proposed conflict of

1 interest. It's evident that the Board is very  
2 concerned about this issue and addresses the  
3 concerns many share with this draft policy. It  
4 is also evident that the need for this new  
5 policy arose in part from the Rocky Flats site  
6 profile and SEC petition.

7 I wish to draw your attention to comment number  
8 nine in your draft. I agree that the document  
9 owner should be responsible for more than just  
10 collecting the information provided by site  
11 experts. The author should validate the  
12 science and allegations made by the site  
13 expert. In other words, the author needs to  
14 ascertain the truth of what occurred at the  
15 site.

16 My main concern of course is the Rocky Flats  
17 SEC petition and the conflict of interest  
18 problem there. As you are aware, at one point  
19 in time Roger Falk was considered the author of  
20 the internal dosimetry site profile document.  
21 He's now listed as a site expert. Mr. Falk, as  
22 you all know, was also the administrator of the  
23 health physics department at Rocky Flats.

24 I have listened to many of the Board's working  
25 group discussions on the Rocky Flats petition.

1           Invariably when a question arose from the  
2           working group on a particular scenario, it was  
3           often Mr. Falk, the man with the conflict of  
4           interest, that answered the questions, not the  
5           author of the document. It appears that NIOSH  
6           is assuming that Mr. Falk's assertions are the  
7           truth and the only truth, without independently  
8           verifying them.

9           In contrast, members of the SC&A team have  
10          never to my knowledge requested one of their  
11          site experts to respond to a question raised by  
12          the working group. SC&A appears to own the  
13          report submitted to the Board.

14          I will leave you with a question. Since the  
15          Board is very concerned with this conflict of  
16          interest issue, how will you apply this problem  
17          when you deliberate the Rocky Flats SEC  
18          petition?

19          Thank you for the time for allowing these  
20          comments.

21          **DR. ZIEMER:** Okay. Thank you very much,  
22          Terrie, for those comments.

23          Are there other members of the comment who wish  
24          to provide input or comment?

25          **MR. MILLER:** Hi, Dr. Ziemer, it's Richard

1 Miller.

2 **DR. ZIEMER:** Good morning, Richard.

3 **MR. MILLER:** Good morning. Very briefly I'd  
4 like to thank the Board for its considered  
5 comments. They're -- they're quite detailed.  
6 I had really just three very brief ones.  
7 One has to do with sort of taking off from what  
8 Terrie Barrie had said, which are what are  
9 precisely, if conflicts are found that were  
10 either not appropriately disclosed or which  
11 were considered to be impermissible conflicts  
12 under the policy, and yet, you know, key  
13 program documents were produced and the  
14 conflicts exist, whether it be with an  
15 individual dose reconstruction or with an SEC  
16 evaluation or whatever, what are the  
17 consequences in terms of that document? Does  
18 that document still get used for decision-  
19 making? Is it subject to being vacated and  
20 redone? How -- how exact-- what -- what -- I  
21 mean I guess sort of the question is what are  
22 the consequences? And this policy spells out  
23 clearly the consequences in terms of  
24 administrative actions that NIOSH has the  
25 discretion to take in terms of disallowing

1 costs and so forth with respect to a contractor  
2 who breaches the policy. The question is, what  
3 is the consequence slash (sic) and/or remedy  
4 with respect to the claimant or claimant  
5 population that would be impacted by such a  
6 conflict. And I -- I think that that's a  
7 difficult question and it probably will have to  
8 be taken up on a case-by-case basis. But I do  
9 think it opens -- that it does open a question.  
10 What -- what's the remedy?

11 **DR. ZIEMER:** Uh-huh.

12 **MR. MILLER:** The second comment has to do with  
13 the question when a conflict is identified and  
14 whether it be the one such as the Falk conflict  
15 which -- which Terrie Barrie raised, or several  
16 others that are out there at a number of other  
17 sites, including Idaho and Hanford and Pantex  
18 and elsewhere, what rigor of review would be  
19 applied when a conflict is identified? And  
20 this goes sort of to the comment that the Board  
21 raised, which is what -- what -- you know, so  
22 okay, here -- here -- you -- you -- you expect  
23 that -- that the document owner's going to  
24 really own the document, that they're going to  
25 actually have technical fluency in it and



1           they're going to be able to communicate and  
2           respond and really vet the inputs from some  
3           site experts who may be conflicted. What is  
4           the issue of the rigor of review? What  
5           specifically becomes triggered? And this may  
6           be helpful in terms of this whole question of  
7           intent to, maybe in the preamble to the COI  
8           policy, spell out this intent issue which was  
9           discussed during this Board call. I think it  
10          would be helpful to spell out that expectation  
11          in the policy in order to make it more three-  
12          dimensional, rather than leaving it buried in a  
13          transcript that somebody's going to have to go  
14          back and find if this issue arises in the  
15          future about whether there's genuine ownership  
16          and whether site experts are conflicted and  
17          whether the person who really owns the document  
18          genuinely is the author. So that would be a  
19          second comment.

20          And the third issue I guess is more of a  
21          question. If -- if the Board is going to be  
22          taking up a COI on its own policy, will that be  
23          done as a separate set of deliberations for  
24          which you'll be soliciting comment?

25          **DR. ZIEMER:** Okay. Thank you, Richard, for --

1 as usual -- thought-provoking comments. With  
2 regard to the third one, certainly if the Board  
3 develops a separate policy, that would be done  
4 in the framework of our Board meetings in open  
5 session and opportunities for input, as well.

6 **MR. MILLER:** Thank you, Dr. Ziemer. Thank you,  
7 members of the Board.

8 **DR. ZIEMER:** Other comments?

9 (No responses)

10 Again, other members of the public who wish to  
11 comment on conflicts of interest?

12 (No responses)

**CONTINUATION OF COI DISCUSSION**

13 **DR. JAMES MELIUS, WORK GROUP CHAIR**

14 It appears that there are not additional  
15 comments. Then if not, we can return to our  
16 Board discussion, and let me frame this out in  
17 the following way.

18 You have -- you have the document that Dr.  
19 Melius and the working group have prepared.  
20 You've had some -- Jim, there's been some  
21 comments. I guess I'll ask you, Jim. Do you  
22 think there are any revisions needed to this at  
23 this time that would preclude adoption today,  
24 either wording-wise, additions, deletions on  
25 any of these items?

1           **DR. MELIUS:** I don't believe so. I think there  
2           are some issues that we have discussed among  
3           the Board, as well as some of the public  
4           comments that we just heard, that probably are  
5           -- should -- should be addressed in the future  
6           'cause I think they're -- they're important  
7           comments. But I -- I think we should also keep  
8           in mind that -- one is I think NIOSH would like  
9           to go ahead and implement a policy. I don't  
10          see -- or heard or anything that really would  
11          change that. I think there are some changes  
12          that NIOSH would -- would make (unintelligible)  
13          our comments, but those would be things that  
14          would clarify and, you know, things we could,  
15          you know, review and should review and -- at a  
16          later point in time, but I don't think they  
17          would preclude NIOSH from starting to implement  
18          this policy. And I think that's particularly  
19          important, I -- my understanding is ORAU's gone  
20          ahead already and starting to work on this, but  
21          they -- there are issues of sort of how do you  
22          -- what do you do about documents that have  
23          already been prepared under the old policy  
24          which -- where there would be concerns about  
25          conflict of interest under the -- the new

1 policy. And I think that -- that's an  
2 important question, but again, that can be  
3 addressed at -- should be addressed at a later  
4 meeting.

5 **DR. ZIEMER:** Thank you. Board members, let me  
6 ask if there is any objections to proceeding to  
7 act on this document today. Anyone feel that  
8 there is information you need before you are  
9 ready to act or vote?

10 (No responses)

11 If not, this comes as a recommendation from the  
12 working group and therefore doesn't require a  
13 second, and basically becomes a motion from the  
14 working group for the Board to approve this  
15 document as our set of comments to NIOSH  
16 relative to their proposed conflict of interest  
17 policy. So with that in mind, let me -- so  
18 this is basically a motion before us to adopt  
19 these comments --

20 **MR. GIBSON:** Dr. Ziemer, this is Mike --

21 **DR. ZIEMER:** -- (unintelligible) them to NIOSH.  
22 Yeah, Mike Gibson.

23 **MR. GIBSON:** Question on the motion.

24 **DR. ZIEMER:** Uh-huh.

25 **MR. GIBSON:** If this is adopted today, are the

1 public comments made -- I think I heard Jim  
2 right and I just want to clarify this. The  
3 public comments that were made today, they will  
4 be reconsidered even if we adopt this motion.  
5 They (unintelligible) --

6 **DR. ZIEMER:** My -- my interpretation of this is  
7 as follows: That, number one, these public  
8 comments are also available to NIOSH to react  
9 to in any way that they feel is appropriate.  
10 And number two, some of the questions, such as  
11 -- well, both Terrie's and Richard's questions  
12 are questions on how the Board will deal with  
13 very -- in some cases very specific issues, and  
14 so I -- I don't think there's anything here  
15 that precludes that, those -- for example, when  
16 a conflict of interest is identified, what  
17 rigor of review will be applied. So that's --  
18 that's almost an operational question. But  
19 certainly as the Board develops its policy, it  
20 may incorporate an ans-- a generic answer to  
21 that question, what will we do to assure that  
22 the review of the validation of the documents  
23 that have the necessary rigor.

24 **DR. WADE:** This is Lew Wade. I also heard  
25 Richard Miller mention that he would -- he was

1           suggesting that in the -- the introduction to  
2           the policy possibly we deal with some of these  
3           issues up front as to the rigor of the review,  
4           and also what the remedy would be if there was  
5           a conflict discovered. And I've duly captured  
6           those -- those points, Mike, and will -- will  
7           ensure that NIOSH considers them, you know, in  
8           its redraft.

9           **MR. GIBSON:** Okay. Dr. Wade, it -- I mean  
10          that's -- I don't mean to get back on my  
11          bandwagon. That's just my concern, that, you  
12          know, the author of these documents or however  
13          they want to term it are many times a manager  
14          of a program, and what has been considered by  
15          the worker that's had their nose out there in  
16          the field, and I just want to make sure that  
17          somewhere that can be addressed and captured  
18          and -- and those comments from workers taken in  
19          -- taken into consideration rather than town  
20          hall meetings.

21          **DR. WADE:** Understood.

22          **DR. MELIUS:** Yeah, this is Jim Melius. If I  
23          can comment on that, I mean I -- we've actually  
24          discussed it at previous Board meetings when  
25          we've discussed this concept of a document

1 owner, and -- and the way I interpret that  
2 person's job is they -- they -- I think it says  
3 something to the effect they have an  
4 affirmative duty to go out and, you know,  
5 quietly collect the information that's -- and  
6 consider the information that's available and -  
7 - and that would -- that duty would in--  
8 include, you know, I'll call it verifying or  
9 seeking out information from worker  
10 representatives and others of that, you know,  
11 particular set of facts or issues that are, you  
12 know, raised in a site profile or -- or other  
13 owned document. And so at least in -- as this  
14 policy gets implemented that one would think  
15 that when we were reviewing a site profile we  
16 were discussing it with the owner and there was  
17 a particular set of information included in  
18 there about a particular part of the site or  
19 program, we would be asking them where did they  
20 receive the information about that and also as  
21 of my understanding is that -- that all of that  
22 will now being, you know, referenced in the  
23 documents themselves, so we'll see what the  
24 sources of information were so -- be able to  
25 judge that and make an assessment of that as we

1 move...

2 **MR. GIBSON:** Okay.

3 **DR. ZIEMER:** Thank you. Any other comments?

4 **MR. CLAWSON:** Dr. Wade, this is Brad Clawson.  
5 One -- one of the questions I had, and this  
6 kind of came up when Richard Miller was  
7 commenting there, I know as a Board -- and  
8 being a new member, maybe I don't understand  
9 how this all works, but I know that as a Board  
10 member when there arose a conflict of interest,  
11 we had legal counsel that looked into it for  
12 us. What I'm wondering is when -- when a  
13 conflict or possible conflict arises, say with  
14 ORAU or -- or NIOSH, who are the people that  
15 look into that conflict? Who are the  
16 independent people that are away from NIOSH or  
17 -- or ORAU that look into this? Is -- is there  
18 an avenue set up for this?

19 **DR. WADE:** Brad, this is Lew Wade. I mean it -  
20 - there are many answers to your question. In  
21 terms of our contractor, you would have not  
22 only the NIOSH people involved, but then you  
23 would have the contracting officer and then you  
24 would have the legal staff that support the  
25 contract office would look into these issues.



1           It wouldn't go beyond that. There are ethics  
2           people, you know, within the Department that  
3           would look at those issues. And the same would  
4           hold for NIOSH. There is no body outside of  
5           the organizations looking at it, save for this  
6           Board, for example. But it would normally be -  
7           - it would normally be the supervisors, then it  
8           would be the contracting officer, and then it  
9           would be legal staff that would support the  
10          contracting officers.

11         **MR. CLAWSON:** Okay. So then they would be the  
12         ones that would -- would look into this further  
13         then. I just -- you know, in the appearance of  
14         -- that we want to be able to have complete  
15         clarity of everything, I just -- I just wanted  
16         to make sure we all knew how this was going to  
17         take place.

18         **DR. WADE:** Uh-huh.

19         **DR. ZIEMER:** But I think in cases such as that  
20         described by Terrie Barrie with -- with --  
21         particularly with the Nevada Test Site issue,  
22         then it -- it really comes down to NIOSH  
23         developing a remedy for that and the Board  
24         basically accepting that remedy. If there --  
25         you know, it's -- it's -- in a sense, it

1 doesn't help us very much to have some attorney  
2 come in and say this person is not conflicted.  
3 I think we're -- we're looking at some issues -  
4 - you know, and they're typically not financial  
5 issues. They are issues of both perception and  
6 -- and -- and sometimes reality, or both, that  
7 we have to establish a -- a remedy that is able  
8 to make use of -- of information from site  
9 experts while assuring that there's not a one-  
10 sided, biased input to the process.

11 **MR. CLAWSON:** And I agree fully with you. I  
12 just -- you know, I'm still learning the steps  
13 and everything so far. I just want to keep the  
14 perception that, you know, we're not having the  
15 fox watch the henhouse, so to speak.

16 **DR. ZIEMER:** Yeah, yeah.

17 **DR. WADE:** You know, on the -- to be a little  
18 bit more specific, Brad, on the -- on a  
19 contract, particularly -- there would be a  
20 technical project officer -- that would be me,  
21 for example, on the SC&A contract -- and then  
22 there is a contracting officer who really has  
23 the legal authority. These judgments would be  
24 taken in consultation between the technical  
25 project officer and then the contracting

1 officer, and we would seek legal input as  
2 appropriate. And that's really where the  
3 judgments would be made as to whether or not  
4 there was a conflict and what the remedy would  
5 need to be for a conflict. All the time the  
6 Board would have the ability to -- to oversee  
7 our actions and critique them.

8 **MR. CLAWSON:** Okay, that -- that's what I  
9 wanted to make sure. When we -- when we have  
10 some of these conflicts like this, you know, it  
11 -- it's -- it's kind of been interesting to me  
12 that -- I don't want to be the first time to  
13 hear it in a public meeting. I'd like to have  
14 been able to have addressed it earlier on.

15 **DR. ZIEMER:** Uh-huh, right.

16 **MR. GIBSON:** And -- this is Mike. You know,  
17 just an additional comment to this discussion.  
18 You know, it -- aside from the conflict, you  
19 know, it could be financial.

20 **DR. ZIEMER:** Oh, yeah.

21 **MR. GIBSON:** Because I mean the person was paid  
22 by the contractor to do a job and now they're  
23 paid -- a DOE contractor to do their job to  
24 head up the program, and now they're working on  
25 the government's money and being paid. If they

1           dispute their own work that they've done in the  
2           past and somehow -- how can I say it -- maybe  
3           jeopardize the decisions that are being made,  
4           they may not be on this government contractor's  
5           employment anymore, so it could be a financial  
6           interest to it.

7           **DR. ZIEMER:** Sure, sure.

8           **MR. GIBSON:** And I -- you know, I think that's  
9           very important.

10          **DR. WADE:** And then in those situations, just  
11          to add a little bit to my answer, when you  
12          start to look at the financial issues, then the  
13          ethics office will get involved and, you know,  
14          there are statutes that need to be adhered to  
15          and they would also review such situations.

16          **DR. ZIEMER:** Okay, let me ask, Board members,  
17          now are you ready to vote on this document? If  
18          everyone's ready to vote, I think we'll have to  
19          vote by roll call here, so Lew, if you would  
20          take the roll call, we'll get the votes here.

21          **DR. WADE:** Okay.

22          **DR. ZIEMER:** All in favor, vote by saying "aye"  
23          as your name is called.

24          **DR. WADE:** (Unintelligible)

25                               (No response)

1 DR. ZIEMER: Brad, are you --

2 DR. WADE: Brad Clawson?

3 DR. ZIEMER: Did we lose Brad?

4 MR. CLAWSON: Oh, I'm sorry, I've got a problem  
5 with my mute button. I said aye.

6 DR. WADE: Okay. Gibson?

7 MR. GIBSON: Aye.

8 DR. WADE: Griffon?

9 MR. GRIFFON: Aye.

10 DR. WADE: Melius?

11 DR. MELIUS: Aye.

12 DR. WADE: Presley?

13 MR. PRESLEY: Aye.

14 DR. WADE: Roessler?

15 DR. ROESSLER: Aye.

16 DR. WADE: Lockey?

17 DR. LOCKEY: Aye.

18 DR. WADE: Poston?

19 (No response)

20 No Dr. Poston? Okay, that's it. I count one,  
21 two, three, four --

22 DR. ZIEMER: The Chair is voting aye.

23 DR. WADE: You're voting aye?

24 DR. ZIEMER: Yeah, uh-huh.

25 DR. WADE: Okay, one, two, three, four, five,

1           six, seven, eight ayes and those are all  
2           present.

3           **DR. ZIEMER:** Motion carries. Okay, thank you  
4           very much.

5           We are actually a little bit ahead of schedule,  
6           but I think it would be appropriate if we went  
7           ahead and had our break at this time. We -- we  
8           -- even though we're early, we will still  
9           reconvene at the stated time, 1:15. That is  
10          the published time. Lew, do you have any  
11          comments before we recess?

12          **DR. WADE:** Just to -- by way of focus in terms  
13          of I think it's a very good discussion and I  
14          appreciate Dr. Melius and the working group's  
15          effort. I think for the Board, in terms of its  
16          own considerations, you know, as I said, there  
17          is a floor that exists in terms of what  
18          represents a conflict or the appearance of a  
19          conflict. Emily sent you the documents you can  
20          look at and establish that in your mind as a  
21          floor. If the Board wants to add to that, then  
22          we can have a session in September to consider  
23          other provisions you might want to hold  
24          yourself to or -- or let yourself be held to in  
25          addition to that floor.

1           And then the second part of it is the remedy,  
2           and in the appendix that Dr. Melius mentioned  
3           the Board has sort of evolved into a code of  
4           behavior that said this is what will happen if  
5           a Board member is conflicted. I think it's a -  
6           - it's a very right and appropriate set of  
7           rules. I would like the Board to consider that  
8           and vote on those rules next time so that we  
9           can have a record of the fact that the Board  
10          has adopted them.

11          When I came into this position they were  
12          presented to me and I think they're very  
13          reasonable, but I can't find a record of a  
14          Board vote.

15          **DR. ZIEMER:** Well, now are you talking about  
16          the three items in the appendix?

17          **DR. WADE:** Correct.

18          **DR. ZIEMER:** I think in the action that we just  
19          took -- looking for the number, but Jim, didn't  
20          -- didn't we (unintelligible) --

21          **DR. MELIUS:** (Unintelligible) them in number --  
22          comment number two.

23          **DR. WADE:** So do I take that as --

24          **DR. ZIEMER:** Comment number two basically  
25          adopts those three.

1           **DR. WADE:** Okay, thank you. Then this'll be  
2           the vote.

3           **DR. ZIEMER:** Yeah, uh-huh.

4           **DR. WADE:** Okay. That's all I had, Paul.  
5           Thank you.

6           **DR. ZIEMER:** Okay.

7           **DR. ROESSLER:** Paul?

8           **DR. ZIEMER:** Yes.

9           **DR. ROESSLER:** This is Gen. For the people who  
10          have access to their internet during the lunch  
11          break, you'll find that Dr. Mauro's office has  
12          sent Dr. Anspaugh's resume.

13          **DR. ZIEMER:** Oh, thank you very much, Gen. So  
14          you --

15          **MR. GRIFFON:** And Paul --

16          **DR. ZIEMER:** -- can find the resume --

17          **MR. GRIFFON:** Paul, this --

18          **DR. ZIEMER:** -- for Lew (sic) Anspaugh on -- on  
19          your web site -- or on your e-mail.

20          **DR. WADE:** Thank you.

21          **MR. GRIFFON:** Paul, this is Mark Griffon.

22          **DR. ZIEMER:** Yes, Mike (sic).

23          **MR. GRIFFON:** One -- one more thing for --

24          **DR. ZIEMER:** Oh, Mark, okay.

25          **MR. GRIFFON:** One more thing for lunchtime



1 reading. I e-mailed this morning a draft  
2 letter for the second and third --

3 **DR. ZIEMER:** Right.

4 **MR. GRIFFON:** -- set of cases, so if -- it's  
5 only I think two pages, but -- very similar in  
6 format to the first letter that we developed.

7 **DR. ZIEMER:** Right, I had actually -- let's  
8 see, actually it's more like four pages, but --

9 **MR. GRIFFON:** Oh, okay.

10 **DR. ZIEMER:** Yeah, but you can -- folks, if you  
11 --

12 **MR. GRIFFON:** It's a quick read.

13 **DR. ZIEMER:** -- haven't already got that, Mark  
14 sent that out this morning.

15 **MR. CLAWSON:** Hey, Mark, this is Brad Clawson.  
16 I'm just looking at my e-mail right now and --  
17 and I -- I didn't get it.

18 **MR. GRIFFON:** You didn't get it? All right,  
19 I'll re-send, Brad. I -- I assume -- you've  
20 been getting my other e-mails, correct?

21 **MR. CLAWSON:** Yeah, I've got a couple.

22 **MR. GRIFFON:** Okay, I must have -- I'll re-  
23 send.

24 **MR. PRESLEY:** Hey, Mark, this is --

25 **DR. LOCKEY:** It's just four pages long, right -

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

-  
**MR. PRESLEY:** -- Bob Presley --  
**DR. LOCKEY:** -- four pages?  
**MR. GRIFFON:** Yeah.  
**MR. PRESLEY:** Mark, this is Bob Presley.  
What's the name of that again?  
**MR. GRIFFON:** The name.  
**DR. ZIEMER:** Well, the -- it's case --  
individual dose reconstruction case review  
progress report --  
**MR. GRIFFON:** Right.  
**DR. ZIEMER:** -- for review of cases 21 through  
60.  
**MR. GRIFFON:** Right.  
**DR. ZIEMER:** I think the file is called cases  
21 through 60 report rev. 1.  
**MR. GRIFFON:** Correct.  
**MR. PRESLEY:** Okay, I got it.  
**MR. GRIFFON:** All right, I'll send that to you  
again, Brad. Sorry.  
**MR. CLAWSON:** I appreciate that.  
**DR. ZIEMER:** Okay.  
**DR. WADE:** Be back at 1:15 then.  
**DR. ZIEMER:** Then we are recessed until 1:15.  
Thank you very much.

1           **DR. WADE:** Thank you all.

2           (Whereupon, a recess was taken from 12:00 p.m.  
3           to 1:15 p.m.)

4           **DR. ZIEMER:** So maybe we should get a roll  
5           call.

6           **DR. WADE:** Okay, I'll start. Dr. Ziemer is  
7           here, obviously.

8           **DR. ZIEMER:** Right.

9           **DR. WADE:** Dr. Lockey?

10          **DR. LOCKEY:** Here.

11          **DR. WADE:** Dr. Poston?

12                               (No response)

13          **DR. WADE:** Gen Roessler?

14          **DR. ROESSLER:** Here.

15          **DR. WADE:** Robert Presley?

16          **MR. PRESLEY:** Here.

17          **DR. WADE:** Dr. Melius?

18          **DR. MELIUS:** Here.

19          **DR. WADE:** Mark Griffon?

20                               (No response)

21          **DR. WADE:** Mike Gibson?

22          **MR. GIBSON:** Here.

23          **DR. WADE:** Brad Clawson?

24          **MR. CLAWSON:** Here.

25          **DR. WADE:** We're waiting for Mark, and we need

1 to wait a minute or so because he's -- he's  
2 batting lead-off.

3 **DR. ZIEMER:** Right. And we have not heard  
4 anything from Poston, I guess.

5 **DR. WADE:** Have not.

6 **MR. CLAWSON:** Dr. Wade, this is Brad Clawson.  
7 I was wondering if -- if LaShawn's on the line,  
8 I still haven't received this file that Mark  
9 sent out. I'm looking on my computer now.  
10 (Unintelligible) that if she could forward it  
11 on to me.

12 **DR. WADE:** LaShawn, are you on the line?

13 **THE COURT REPORTER:** Dr. Wade, this is Ray.  
14 LaShawn is in her office and I can go tell her  
15 that if you'd like.

16 **DR. WADE:** Okay, why don't you do that, Ray.

17 **THE COURT REPORTER:** Brad, I'm sorry, could you  
18 repeat what you need?

19 **MR. CLAWSON:** It was -- Mark sent out -- just  
20 this morning he sent out a copy of a -- what do  
21 they call -- a matrix or whatever --

22 **DR. ZIEMER:** I -- I don't think it was a  
23 matrix. It was a report -- it was a draft of  
24 the individual dose reconstruction case  
25 reviews, it's a summary statement.

1           **MR. CLAWSON:** Okay, yeah, that's -- that's the  
2           one that I needed there. Appreciate it.

3           **THE COURT REPORTER:** Okay. And he just sent it  
4           out this morning?

5           **DR. ZIEMER:** Yes, he did.

6           **THE COURT REPORTER:** Okay.

7           **UNIDENTIFIED:** The draft letter for the second  
8           and third series of cases, is that what you're  
9           talking about, Brad?

10          **MR. CLAWSON:** Right.

11          **THE COURT REPORTER:** Let me just say that I'm  
12          going to be gone for a moment but y'all can go  
13          ahead and start. I'll go on autopilot here.

14          **DR. WADE:** We won't start without you.

15          **DR. ROESSLER:** I've got it here, I can forward  
16          it --

17          **DR. MELIUS:** We don't really need you, Ray?

18          **THE COURT REPORTER:** Not quite.

19          **DR. MELIUS:** We could have been on autopilot  
20          all this time.

21          **DR. WADE:** Gen, are you saying you have it in  
22          front of you?

23          **DR. ROESSLER:** I have it in front of me. Let  
24          me find -- I'm going to put down the phone for  
25          a minute and find his -- well, you know why he

1           didn't get it? He's not on the list. Okay,  
2           I'll do it, I'll forward it to you.

3           **MR. GRIFFON:** Who didn't get it? I just --

4           **MR. GIBSON:** I just -- this is Mike, I just  
5           sent it to Brad.

6           **MR. GRIFFON:** Oh, I -- I sent it to Brad, too.  
7           I sent it separately to Brad. It didn't go  
8           through?

9           **DR. ZIEMER:** Apparently it didn't --

10          **MR. CLAWSON:** I've got two different e-mail  
11          addresses and we've been having trouble with my  
12          government one, so --

13          **MR. GRIFFON:** Oh, I got the inel.gov one in  
14          here, that's why probably, Brad. I'm sorry.

15          **MR. CLAWSON:** That's no problem. I've -- I've  
16          got a couple of Gen's and Mike Gibson's e-mails  
17          have been coming through, so --

18          **MR. GRIFFON:** Oh, okay. Yeah, I sent it to the  
19          inel.gov --

20          **DR. ZIEMER:** It sounds like Gen is forwarding  
21          it anyway -- or Mike is -- Mike, did you say  
22          you forwarded it?

23          **MR. GIBSON:** Yeah, I sent it to the inel.gov  
24          site.

25          **MR. GRIFFON:** We got music on here.

1           **DR. ZIEMER:** Why are we getting music?

2           **DR. WADE:** I don't know.

3           (Whereupon, music, recorded messages and static  
4           were on the line, with some Board members  
5           continuing to speak but whose comments were  
6           largely unintelligible.)

7           **MR. PRESLEY:** Ray, this is Bob Presley.

8           **DR. ZIEMER:** I think Ray is not back yet.  
9           We're just waiting --

10          **THE COURT REPORTER:** I'm back.

11          **DR. WADE:** Yeah, we'll wait for him, and we  
12          have this music problem.

13          **THE COURT REPORTER:** LaShawn said she didn't  
14          receive that this morning.

15          **DR. WADE:** Okay. We have other people sending  
16          it.

17          **THE COURT REPORTER:** Okay.

18          **MR. CLAWSON:** And just to let you guys know, I  
19          just received the one from Mike Gibson. I  
20          appreciate that, Mike.

21          **DR. WADE:** Okay.

22          **DR. ROESSLER:** You're probably going to get  
23          quite a few more.

24          **DR. ZIEMER:** Okay, I think we're ready to go  
25          now.

1                   **DR. WADE:** If somebody just came back on the  
2                   line that had put us on hold, while you were  
3                   away there was music and messages and things,  
4                   so if this means anything to anyone, don't do  
5                   that again, please.

6 MR. GRIFFON: Hey, Brad?

7 MR. CLAWSON: Yeah.

8           **MR. GRIFFON:** Just for clarification, I got  
9           this gobigwest is the one I've been sending to.

10                   **MR. CLAWSON:** Right, that's my own mail one.  
11                   When I get done, Mark, I'll send you my new  
12                   updated one --

13                   **MR. GRIFFON:** All right, all right, I want the  
14                   -- yeah, most current one I should have on my  
15                   list. Sorry about the confusion.

16                    **DR. WADE:** Ray, are you back with us?

17 THE COURT REPORTER: Yes, sir.

18 DR. WADE: Well, just to complete the record,  
19 I'll do the roll call again.

20	Dr. Ziemer?
----	-------------

21 DR. ZIEMER: Here.

22 DR. WADE: Dr. Lockey?

23 DR. LOCKEY: Here.

24 DR. WADE: Dr. Poston?

25	(No response)
----	---------------



1 DR. WADE: Gen Roessler?

2 DR. ROESSLER: Here.

3 DR. WADE: Robert Presley?

4 MR. PRESLEY: Here.

5 DR. WADE: Jim Melius?

6 DR. MELIUS: Here.

7 DR. WADE: Mark Griffon?

8 MR. GRIFFON: Here.

9 DR. WADE: Mike Gibson?

10 MR. GIBSON: Here.

11 DR. WADE: And Brad Clawson?

12 MR. CLAWSON: Here.

13 DR. WADE: Okay. So Dr. Ziemer, we have eight,  
14 which is a quorum -- more than a quorum, so  
15 we're ready to begin.

**ROCKY FLATS SEC ISSUES**

**MR. MARK GRIFFON, WORK GROUP CHAIR**

16 DR. ZIEMER: Okay, let's then proceed. The  
17 first item on our afternoon agenda is the Rocky  
18 Flats SEC issues, and Mark Griffon has been  
19 heading up the workgroup that's been dealing  
20 with that. And Mark, if you'll give us an  
21 update and report from that workgroup.

22 DR. WADE: If I could very briefly interrupt,  
23 this is Lew, there is no one on the call with a  
24 conflict on Rocky Flats, so there is no

1 adjustment we need to make.

2 **DR. ZIEMER:** Right. Thank you.

3 **MR. GRIFFON:** Okay. Yeah, this is Mark  
4 Griffon. I think I can give a brief update of  
5 where we are. We had a workgroup meeting  
6 recently and someone can help me out with the  
7 date -- a couple of weeks ago.

8 **DR. ROESSLER:** The 27th.

9 **MR. GRIFFON:** The 27th, thank you, in -- in  
10 Cincinnati. And we went through the matrix.  
11 I've updated the matrix since then and there  
12 might be a -- a few minor things that Brant  
13 Ulsh has pointed out to me that -- that I will  
14 correct, but they don't really affect the  
15 overall matrix too much. I think there's a  
16 couple actions which ac-- or -- or items which  
17 actually are -- are duplicate in the matrix.  
18 We -- we captured them in an earlier section,  
19 then we repeated them later in the matrix, so  
20 they're -- they're very much the same issue.  
21 But overall, the new matrix that I forwarded to  
22 everyone -- also I tried to highlight in yellow  
23 the sections where there is outstanding action,  
24 so as you look through that matrix if you find  
25 yellow highlighting, that's kind of where we're

1 at with the workgroup process.

2 And I'll just summarize -- if I can take a few  
3 minutes, I'll summarize the main issues where  
4 we're still working.

5 The super S plutonium question -- I -- I think  
6 really where we're down to on that one is we're  
7 -- we're looking -- we've asked for a final  
8 look at the design cases and whether they are  
9 the -- the appropriate cases were selected for  
10 this -- for this model. And to do that, NIOSH  
11 has provided us with the Hanford-1 case, which  
12 we hadn't had till the la-- I believe it came  
13 right before the last workgroup meeting, and  
14 also 25 of the ca-- of the individuals that  
15 were involved in the 1955 fire, and we -- we  
16 just want to -- the workgroup and SC&A want to  
17 crosswalk that information to make -- to -- to  
18 assure that the -- the bounding cases were  
19 actually selected for the -- the model. I  
20 think there's large agreement right now that  
21 the model looks -- the methodology -- if the --  
22 if the correct design cases were -- are there,  
23 the methodology looks -- looks reasonable, and  
24 SC&A has -- has reviewed that and assessed that  
25 and they're in agreement with that, I -- I

1 believe. At this point that's where we're at.  
2 For -- and -- and other workgroup members, at  
3 any point feel free to -- to follow the matrix,  
4 but -- but these are sort of major topics  
5 within the matrix.  
6 Second major topic is other radionuclides.  
7 We've kind of captured it as other  
8 radionuclides. At the last workgroup meeting  
9 we had a extensive review. Mel Chew and the  
10 Oak Ridge team went back, much as they did with  
11 the Y-12 facility, back to the material -- the  
12 counting records, and they identified these  
13 other radionuclides and the amounts on site,  
14 and I guess they have some information on where  
15 those might have been over time on the site,  
16 what buildings, what facilities. These other  
17 radionuclides include thorium-232, uranium-233,  
18 curium-244 and neptunium-237, plutonium-238 and  
19 242 and californium-252, and americium-241.  
20 Now for most of these isotopes, some of them  
21 have been identified certainly as -- as on-site  
22 but probably in -- in sort of tracer amounts.  
23 They were used, but they were as tracers in the  
24 weapons and therefore the overall amounts would  
25 have been low. Others have been identified --

1 I don't think -- what we've asked NIOSH to do  
2 is follow up on how -- or -- or where these  
3 nuclides were used and to what extent or -- or  
4 the approach they would use for reconstruction  
5 of dose, but it -- it -- there's -- there's  
6 some question as to whether in the early years  
7 there would have been nuclide-specific analysis  
8 for many of these. They would have likely had  
9 a gross alpha. So then we need to know the  
10 location and the -- and who was involved in  
11 those operations. We have to put -- put people  
12 and time together -- people and locations  
13 together to make sure there is a  
14 scientifically-plausible model for these  
15 nuclides.

16 So we -- we've got more information on the  
17 source term quantities. We -- we still have  
18 questions on how they're going to reconstruct  
19 doses from gross alpha if that's all they have  
20 available. That would be the early years,  
21 primarily.

22 They did answer a question -- NIOSH answered a  
23 question on americium-241. We had an  
24 outstanding issue on the separations process  
25 with americium-241 and it -- it appears, based

1           on the materials counting logs and the sort of  
2           process knowledge or -- or the knowledge of  
3           what was going on there at the site and when it  
4           was going on that americium-241 separations  
5           pre-1963 would have likely been very small-  
6           scale squa-- small-scale quantities when they  
7           were trying to research the method by which to  
8           do the americium separation, and they were  
9           small-scale because basically at that point the  
10          plutonium that they had was described as  
11          basically young plutonium with -- with no  
12          appreciable ingrowth of the americium-241, so  
13          therefore there was likely not much of the  
14          americium around to -- to do these pilot runs  
15          on. So the -- certainly the source term is --  
16          is very low pre-'63. And the pre-'63, the  
17          reason that was so important was prior to that  
18          there was only gross alpha data. After that  
19          they did have americium-specific measurements.  
20          So we think that that's a pretty good answer on  
21          -- on the americium. If it was pilot stu-- it  
22          seems like it was pilot studies and very small  
23          quantities of americium during that time  
24          period, pre-'63.  
25          The third primary issue was a question --

1           there's still some follow-up questions on the  
2           calculation and assignment of neutron doses for  
3           the early -- again, early periods. And I  
4           believe NIOSH and SC&A -- even as early as  
5           yesterday I think I saw an e-mail indicating  
6           that they're going to try to have a conference  
7           call to clarify some of these points in the  
8           next several days. Some of it revolves around  
9           this question of neutron-to-photon ratios and  
10          how they were derived and whether the most --  
11          the highest potentially exposed people to  
12          neutrons were monitored, and if not, how are  
13          they correcting that from the badge data. So  
14          that's a -- that's a follow-up item that we're  
15          working on.

16          And then a -- a fourth large topic -- well, let  
17          me skip that one for now. I'll go to the fifth  
18          topic, the D&D worker question. And this  
19          question arose at the last Board meeting in --  
20          in Washington. And the real question here was  
21          -- was the question as to whether the type --  
22          type of monitoring and therefore the type of  
23          data available for dose reconstruction would be  
24          different for these workers during when the D&D  
25          activities started, when the cleanup started.

1           And we've -- NIOSH has suggested that -- that  
2           all workers remained on routine bioassay  
3           program. We've asked them to check that  
4           against the database as best they can,  
5           including looking at subcontractor workers to -  
6           - to give some level of assurance that in fact  
7           the routine data is available to reconstruct  
8           doses for -- for those workers.

9           **DR. ZIEMER:** What's the starting date on that -  
10          - on the D&D --

11          **MR. GRIFFON:** I don't know when the -- I think  
12          it's the --

13          **DR. ZIEMER:** It's fairly recent, is it not?

14          **MR. GRIFFON:** Yeah, I --

15          **UNIDENTIFIED:** '93.

16          **MR. GRIFFON:** '93. And -- and then the --

17          **DR. ZIEMER:** And --

18          **MR. GRIFFON:** Go ahead.

19          **DR. ZIEMER:** -- are we having trouble finding  
20          the information, even though it's that recent?

21          **MR. GRIFFON:** It's not a matter of -- of  
22          finding the information. It's a matter of  
23          matching individuals with -- I -- I don't think  
24          they've looked at the database data really --

25          **DR. ZIEMER:** Oh, okay.



1           **MR. GRIFFON:** -- so they -- they've indicated  
2           that procedure would have said that -- that if  
3           they were an RW-2 worker, they would have been  
4           required to be on routine monitoring.

5           **DR. ZIEMER:** But we haven't confirmed that is  
6           what you're saying.

7           **MR. GRIFFON:** But -- but -- yeah, but we -- you  
8           know, so they have to crosswalk that list of  
9           individuals that likely were rad worker-2  
10          trained and -- and determine if they were  
11          actually -- and determine if they were actually  
12          bioassay monitored. And you know, part of this  
13          is raised by some of the testimony at the  
14          meeting where they indicated that they had  
15          breathing zone air samples, and they were  
16          relying a lot on the breathing zone air  
17          samples, and -- and there's some -- you know,  
18          there's certainly -- there was certainly a  
19          shift to that on a lot of the D&D sites during  
20          that time period, so we want to just make sure  
21          that -- that the urinalysis program was robust  
22          enough to allow for reconstruction -- or else -  
23          - or else do they have an alternative way to do  
24          it with air sampling data, you know, so that's  
25          sort of where we're going with that.

1           **MR. GIBSON:** This is Mike, if I could add in --

2           **MR. GRIFFON:** Yeah, Mike, go ahead.

3           **MR. GIBSON:** There was -- at that time period -  
4           - at the end when Bush one announced the end of  
5           the Cold War and we went into D&D mode, there  
6           seemed -- at least at Mound and at Rocky had a  
7           lot of similar contractors between Mound and  
8           Rocky, there was a big shift in policy and  
9           routine meant one thing prior to, in production  
10          years, than it did in D&D years --

11          **DR. ZIEMER:** Uh-huh.

12          **MR. GIBSON:** -- as Mark has kind of indicated,  
13          and -- and there was just -- there was just a  
14          big difference in monitoring employees and who  
15          met the 100 millirem threshold.

16          **DR. ZIEMER:** Right.

17          **MR. GIBSON:** So you know, there could be a lot  
18          of unmonitored dose, potentially.

19          **DR. ZIEMER:** Uh-huh.

20          **MR. GRIFFON:** Right, and that's -- that's what  
21          we -- you know, we just want to see exactly --  
22          you know, we -- we understand that -- basically  
23          what NIOSH has offered thus far is procedures  
24          indicating what was happening, but you know, if  
25          we -- if we crosswalk that with the database

1           and -- and it seems like it matches up pretty  
2           consistently, then -- then I think we're done  
3           with that issue. But if we have a large  
4           discrepancy, then I think we -- you know, we  
5           may have a -- a -- more questions on that.

6           **DR. MELIUS:** This is Jim Melius. I've reviewed  
7           some of the beryllium screening data from Rocky  
8           Flats, and during that time period there was a  
9           lot of flux in where people worked and how they  
10          were assigned and which employers they may be  
11          listed under and so forth. And so just the  
12          logistics of tracking people and making sure  
13          that you -- you know, whether or not they were  
14          monitored and who has the data and so -- I mean  
15          it can be quite I think confusing there and so  
16          it's certainly worth some more effort into  
17          that. And my recollection from the Denver  
18          meeting was that -- that NIOSH agreed they had  
19          to do more work on that era of -- at the plant,  
20          also.

21          **MR. GRIFFON:** Yeah. Yeah, and I -- I think  
22          though, Jim, from the workgroup, they -- they  
23          still -- they just hadn't had -- they're still  
24          looking into, you know, how to crosswalk this.  
25          I think part of it is getting these roster

1 files and the rad worker-2 files to crosswalk  
2 with the dosimetry files, you know, so they're  
3 -- they're in the process of that. But --

4 **UNIDENTIFIED:** Correct.

5 **MR. GRIFFON:** -- I agree, that's why we went  
6 down this -- the -- we had these questions was  
7 people falling through the cracks during this  
8 time period.

9 **MR. GIBSON:** And this is Mike again, if I can  
10 just add -- for example, prior to the D&D era  
11 you may have had 15 or 20 classifications of  
12 workers, and due to the renegotiating of  
13 contracts -- to closure contracts, you may have  
14 went down to three or four classes of workers -  
15 -

16 **DR. ZIEMER:** Uh-huh.

17 **MR. GIBSON:** -- which --

18 **DR. ZIEMER:** Uh-huh, yeah, they weren't  
19 operational workers.

20 **MR. GIBSON:** -- they may have encompassed, you  
21 know, instead of looking at electricians, pipe  
22 fitters, you may have to look at maintenance --

23 **DR. ZIEMER:** Uh-huh.

24 **MR. GIBSON:** -- instead of looking at D&D  
25 worker, janitors, you know, a host of other

1 titles, you may have to look at demolition  
2 technicians and at -- so it's -- it's not  
3 really clear to us, you know, how that was --  
4 you know, how that was merged.

5 **MR. GRIFFON:** Right. So -- so -- yeah, that's  
6 -- that's an ongoing action and -- and -- as  
7 well, and we haven't had -- as we go along, by  
8 the way, I should point out that NIOSH has --  
9 is trying their best now to sort of post things  
10 on the O drive in real time --

11 **DR. ZIEMER:** Uh-huh.

12 **MR. GRIFFON:** -- as they find these things --  
13 or assess them and come to conclusions, they're  
14 posting them, even though we -- we still have a  
15 tendency to -- to have a lot of things posted  
16 right before the meetings, but I do that as  
17 well, so we're all trying to get the data out  
18 there as quick as we can.

19 The last large item is -- fall -- fall into the  
20 category of data validation or data  
21 reliability, and there's sort of -- as I have  
22 in my notes -- five sort of sub-topics within  
23 that and -- and we -- these -- these prongs, as  
24 I call them, to assess the reliability of data  
25 are all sort of -- we had a little more clarity

1           on them in this last meeting of -- of how --  
2           how these things are coming together.

3           One item is sort of what I'm calling log book  
4           analysis, and thi-- this is basically to look  
5           at some of the log books, the -- the --  
6           obviously the ones likely to have more  
7           pertinent data such as the decon log books or  
8           the radiation technician or HP log books that -  
9           - that have, as we've seen already, some  
10          information on either measurements or a note  
11          that an incident occurred and someone was sent  
12          for a -- you know, in vivo count or a  
13          urinalysis count, and -- and then those --  
14          those log books can be sampled and -- and  
15          compared with the electronic database, the HIS-  
16          20 database.

17       **DR. ZIEMER:** Uh-huh.

18       **MR. GRIFFON:** And we're hoping -- at the last  
19       meeting NIOSH did -- did present a -- an  
20       analysis of one of the log books, the Kittinger  
21       log book. I think it was from 1969 -- I might  
22       have the wrong year on that, but -- where they  
23       went through in depth and went back actually to  
24       individual files for these individuals and  
25       crosswalked the data and actually found fairly

1           good corroboration with the -- with the log  
2           books. But I think what we've asked for going  
3           forward is let's select -- randomly select some  
4           of these log books over the decades extending  
5           from the '70s through the -- 2000, into the D&D  
6           period, and also try to cover the various sort  
7           of production areas, the -- the different  
8           production areas. But then also I think we've  
9           -- we've said, you know, instead of going back  
10          to every individual rad file, you know, we're  
11          asking for NIOSH to randomly --

12       **DR. ZIEMER:** Uh-huh.

13       **MR. GRIFFON:** -- go through these books and  
14          select some data points and compare them to the  
15          electronic database and -- and -- so that --  
16          that's one sort of tool is look at the log  
17          books, and this is a way to -- to check the  
18          reliability of the database.

19          The other part of this, which I -- I sort of  
20          outline as a separate item is the urinalysis  
21          log books. Same sort of approach, find some  
22          over the decades and compare it with the HIS-20  
23          database. These urinalysis logs were  
24          identified in the site profile document. I  
25          think really the hold-up was the retrieval of

1           them. They had been put back to the Federal  
2           Records Center or something like that, so  
3           they're in the pro-- NIOSH is now in the  
4           process of recovering -- or retrieving some of  
5           those urinalysis logs for comparison.  
6           Third item is -- SC&A had brought up a question  
7           about a gap in the data in 1969, and they did  
8           the -- they found this through assessment of  
9           the HIS-20 electronic data. And I believe  
10          NIOSH has also now provided us with -- they --  
11          they looked at the claimants and found that  
12          there was a large percentage of the claimants  
13          that actually, in their records, were missing  
14          at least a portion of their 1969 data, either  
15          all four quarters or -- or one quarter was  
16          missing, and there was a large percentage of  
17          individuals, so they're -- they've found the  
18          raw data for that time period and they're in  
19          the process of crosswalking the raw data with  
20          the HIS-20 data for that year, for 1969, 'cause  
21          there appears to be some -- you know, some --  
22          some potential data gap there in the electronic  
23          form, at least. And there -- there are several  
24          explanations or possible explanations were  
25          offered during the workgroup meeting, but



1           really the bottom line is they're going to go  
2           back to the external raw records and -- and  
3           compare for 1969 and -- and determine why we  
4           have that gap or apparent gap in -- in the  
5           electronic form.

6           Then the fifth -- or fourth item is the --  
7           several safety reports were identified as  
8           apparently related to dosimetry or dosimetry  
9           deficiencies, and at the last workgroup meeting  
10          or the last Board meeting, I forget, we -- we  
11          had requested that NIOSH go back to the -- back  
12          to the Records Center and ask for a whole  
13          listing of safety reports over the life of the  
14          facility. I think they found a listing that  
15          started around 1970, and from that they -- they  
16          looked -- based on the titles, they tried to  
17          identify reports that they thought could have  
18          been related to dosimetry issues. They've  
19          identified some and they're in the process of  
20          retrieving those.

21          We also asked SC&A to look at that same listing  
22          and identify whether they had any above and  
23          beyond what NIOSH had identified that they  
24          would -- would think would be of interest, and  
25          SC&A is still -- they're in the proc-- I think

1           they have a draft listing, but they're in the  
2           process of working on that list now to share  
3           with NIOSH. And once they have the -- the --  
4           these reports, they'll -- you know, the ones  
5           they think are pertinent, they'll -- they'll  
6           post them on the O drive and -- and follow up  
7           on those reports as well.

8           And then the last item is follow up on  
9           individual -- individual cases or -- and these  
10          were basically -- there's -- there's quite a  
11          few listed in the matrix, and a lot of these  
12          come out of the petition itself. The  
13          petitioners raised through affidavit several --  
14          many different instances or items that they  
15          believe -- and -- and we sort of captured a lot  
16          of these under this -- this question of data  
17          validation or data reliability. Some relate to  
18          mishandling of TLDs, some related to "no data  
19          available" questions, questions along those  
20          lines. And NIOSH has already followed up on  
21          many of these, and they continue to -- to --  
22          and this -- they have not provided this yet,  
23          but they say they have a draft of a listing of  
24          all the -- any allegations or af-- you know,  
25          made in the petition and they're cr-- they're

1 walking this through -- they're checking each  
2 individual one to determine whether -- you  
3 know, the merit of -- of each and -- and, you  
4 know, we want to make sure they have an  
5 explanation of each, if there is a good  
6 explanation.

7 So those are -- those are five separate items  
8 that all sort of fall under this category of --  
9 of the data validation, so that's clearly one  
10 of our --

11 **DR. ZIEMER:** Uh-huh.

12 **MR. GRIFFON:** -- big topics and -- and there's  
13 still a lot of raw data that's, you know, under  
14 review -- log books, external dose records, et  
15 cetera, but we're moving forward on that.

16 **DR. ZIEMER:** That sounds like a pretty  
17 extensive group of -- or sets of work and jobs  
18 that you guys have been tracking, Mark. Can  
19 you give us an estimate of where you will be by  
20 the time of our September meeting?

21 **MR. GRIFFON:** Well --

22 **DR. ZIEMER:** What -- what should we expect at  
23 that point? It sounds like --

24 **MR. GRIFFON:** Yeah --

25 **DR. ZIEMER:** -- the data validation issue may

1 not yet be closed by then.

2 **MR. GRIFFON:** Well, we're -- I -- I think we're  
3 still -- you know, everyone's trying to move  
4 toward that end. I -- I -- you know, we did  
5 set up another workgroup meeting for August  
6 31st and, you know, really I guess we'll --  
7 we'll know a lot more then, but we -- we may --  
8 you know, even if NIOSH has responses on all  
9 these fronts, I think we probably still need to  
10 give SC&A a chance to give us a review. SC&A  
11 has held back on a review, or we haven't asked  
12 them for an official review of the petition  
13 evaluation report because it was pending this  
14 sort of work -- ongoing work.

15 **DR. ZIEMER:** Right, right.

16 **MR. GRIFFON:** So I think we need to still give  
17 them an op-- you know, a chance or -- or time  
18 to -- to assess what NIOSH comes back with and  
19 -- and -- and report on our -- a review of the  
20 evaluation report. So it's going to be -- it's  
21 going to be -- it's going to be tough to meet  
22 that September deadline, in my opinion.

23 **DR. ZIEMER:** Well, I --

24 **MR. GRIFFON:** But we're tr-- you know, we're --

25 **DR. ZIEMER:** -- deadline, but we --

1           **MR. GRIFFON:** Yeah, yeah.

2           **DR. ZIEMER:** -- still want to have some feeling  
3           for whether we would be at a point where we  
4           could take specific action, since we are  
5           meeting out there, but --

6           **MR. GRIFFON:** Right.

7           **DR. ZIEMER:** -- that's also an opportunity to  
8           get some additional local input and -- as well,  
9           so that will be -- be of value.

10          **MR. GRIFFON:** Well, we're meeting in Nevada.

11          **DR. ZIEMER:** Oh, in Nevada, right, I'm sorry,  
12          yeah.

13          **DR. ROESSLER:** That's sort of local.

14          **DR. ZIEMER:** Well, no -- no --

15          **MR. GIBSON:** Paul, this is Mike, and as part of  
16          the working group, you know, I think -- you  
17          know, I -- I want to kind of back what Mark  
18          says, that we really don't know how long this  
19          is going to take because -- and at least from  
20          my perspective on the workgroup, these things  
21          that are being checked into as, quote,  
22          allegations of workers, as opposed to --

23          **MR. GRIFFON:** Right.

24          **MR. GIBSON:** -- taking for gospel what these  
25          site experts have written down is a big

1 concern, at least to me --

2 **DR. ZIEMER:** Sure.

3 **MR. GIBSON:** -- and I think to the rest of the  
4 working group and, you know, to make it fair  
5 and balanced, I just -- you know, we need to  
6 make sure that -- are they truly allegations or  
7 -- you know, let's -- let's give a -- let's  
8 give a fair balance here to the site expert and  
9 to what someone that's actually been out in the  
10 field has said.

11 **DR. ZIEMER:** Uh-huh.

12 **MR. GRIFFON:** Yeah, you -- and Mike, I may have  
13 misspoke. I mean I think where these people,  
14 you know, put a written affidavit out there, I  
15 think they take that pretty seriously and --  
16 and I think we should, you know, weigh it bef--  
17 you know, you're -- you're absolutely right, we  
18 should give it a fair account.

19 **MR. GIBSON:** Right, I (unintelligible), yeah.

20 **DR. ZIEMER:** Not a rush to judgment.

21 **MR. GRIFFON:** Right, right. So that's why --  
22 and I think -- to that end, I think NIOSH has  
23 received that message because they have gone  
24 through the entire petition and -- and -- and  
25 are -- we -- we want to make sure we can answer

1 all these -- these questions. When -- when you  
2 look at them in aggregate, too, there's --  
3 there's many questions that related to this,  
4 you know, quest-- overall question of data  
5 validation, so we want to make sure that we --  
6 you know, we don't take that issue lightly.

7 **DR. ZIEMER:** Right. Any other of the working  
8 group have comments on this report or anything  
9 to add?

10 **MR. PRESLEY:** No, I -- this is Bob Presley.  
11 I'm in good shape with the report, no problems.

12 **DR. WADE:** We also might have petitioners on  
13 the line and they're free to make comment if  
14 they would like.

15 (No responses)

16 Okay.

17 **DR. ZIEMER:** And other Board members have any  
18 questions for Mark?

19 **MR. GIBSON:** This is Mike. Not just a  
20 question, I just want to --

21 **DR. ZIEMER:** Further comment, yeah.

22 **MR. GIBSON:** -- comment that, you know, Mark  
23 has been doing a heck of a job on this and, you  
24 know, I'd just like to applaud him on that.  
25 He's really -- he's -- he's digging into the

1 weeds, which I think we need to do, and you  
2 know, I think he's done an excellent job.

3 **DR. ZIEMER:** Right. Very -- very good, and I -  
4 - I think you speak for the rest of the Board  
5 when you applaud that. Mark, we do thank you  
6 very much.

7 **MR. GRIFFON:** Sure.

8 **DR. ZIEMER:** Okay. Are there any other  
9 comments on the Rocky Flats status then?

10 (No responses)

**SC&A CONTRACT TASKS FOR NEXT FISCAL YEAR**

11 **DR. LEWIS WADE, TECHNICAL PROJECT OFFICER SC&A CONTRACT**

12 If not, we can move ahead to our next item,  
13 which is the SC&A contract task for the next  
14 fiscal year. Lew will lead us in that  
15 discussion, and Lew, you have -- or -- yeah,  
16 you have distributed to the Board some  
17 documents, I assume everybody got those,  
18 dealing with the proposals for this next year.

19 **DR. WADE:** Right, these were individual task  
20 proposals we had received from SC&A, as well as  
21 a summary sheet.

22 Before I begin, I'll walk -- and I'll walk you  
23 through this quickly. I think David Staudt is  
24 probably on the line. David, are you with us?

25 **MR. STAUDT:** Sure.



1           **DR. WADE:** David is the contracting officer, so  
2           if there are any particular questions, you can  
3           raise -- and I think we'll be depending on John  
4           Mauro -- John, I assume you're with us as well?

5           **DR. MAURO:** Yes, I am.

6           **DR. WADE:** -- to -- to expound. But let me --  
7           let me try and paint a very general picture and  
8           then we can fill it in. Those gentlemen can  
9           help me, and then we can have as much  
10          discussion as you would like.

11          The SC&A contract, we put money into it on a  
12          fiscal year to fiscal year basis, and the  
13          fiscal year starts on October 1st again. I  
14          would assume we would have about \$3.5 million  
15          available for this contract; one never knows,  
16          with the vagaries of the federal budge, as well  
17          as just the -- the workings within the  
18          Administration. Who knows what the funding  
19          levels will be, but I'm operating towards a  
20          target of \$3.5 million.

21          What I would like to do is leave this call with  
22          the Board voting through the ability for David  
23          to put in motion contract modifications that  
24          would amend the contract, add money to the  
25          contract to start work for next fiscal year.

1           While we have a meeting in September before the  
2           end of the fiscal year, given the deadlines  
3           that -- that David faces in procurement, it  
4           would be much better for him to have the  
5           Board's okay to begin to move forward on this  
6           call.

7           Now it's not necessary that we reach agreement  
8           on everything. If you remember, last year we -  
9           - we agreed on some things in general and in  
10          some things we -- we came up with sort of  
11          stopgap solutions, and that's possible today as  
12          well. So -- but I would like to get some  
13          marching orders from the Board that would allow  
14          David to take contract actions that would  
15          extend the SC&A contract into next year.

16          Now let me go through very quickly what SC&A  
17          has given to us. And again, remember this is a  
18          contract that really has six tasks, although  
19          five of them are active now. Task I is where  
20          site profile work is done by SC&A, and to this  
21          point SC&A has started and/or finished on 16  
22          site profiles. This proposal for next year  
23          asks for funding to take on five new site  
24          profile reviews, as well as to allow for the  
25          Savannah River Site to be re-- re-evaluated.

1           Since SC&A did its evaluation of Savannah  
2           River, a new version of the site profile has  
3           come out. And while we're actively involved in  
4           reviewing that, it's necessary for SC&A to --  
5           to take a more detailed look at the new site  
6           profile. So the proposal we have are for five  
7           new and a redo of Savannah River. We don't  
8           have to define what the five are at this point.  
9           SC&A has given us a generic proposal for five  
10          new plus a redo of Savannah River. You have  
11          the workup and you have the rollup of the cost  
12          for that.

13         Task II is behind us. That was a task to  
14         develop some tracking systems and things, but  
15         Task III is really where we do the procedures  
16         review, and that sort of morphed into the  
17         review of workbooks. SC&A has given us a  
18         proposal to review 30 new procedures and  
19         associated workbooks. Again, we don't have to  
20         identify exactly what they are at this point.  
21         John Mauro has provided us all with a sort of a  
22         list of what the candidate procedures are for  
23         review, but he's prepared, at our instruction,  
24         a Task III proposal to look at 30 new  
25         workbooks.

1           Then we -- I'm going to skip Task IV for a  
2           minute because it's the most complex and go to  
3           Task V, which is the relatively new SEC task.  
4           And there we've asked SC&A to give us a  
5           proposal for their doing six reviews of SEC  
6           petitions. Again, we're -- we're moving away  
7           from now the expanded or the -- the quick  
8           review, and they've given us a proposal to look  
9           at six additional SEC petitions. Again, we  
10          can't define what they'll be now because we  
11          don't know what they'll be. Probably the  
12          petitions they'll be reviewing haven't been  
13          qualified, or possibly even submitted yet. So  
14          you have a proposal there for six SEC  
15          petitions.

16          Task VI is a project management task we broke  
17          out as a new task. It used to be buried in the  
18          others, and for reasons of transparency we felt  
19          it better to break it out as a separate  
20          proposal, and you have those materials in front  
21          of you.

22          Let me go back to Task IV. That's where we do  
23          the review of individual dose reconstructions.  
24          And based upon our last discussion, we asked  
25          John to come up with several alternatives. And

1           to try and understand the alternatives, there  
2           are three variables I'd want you to keep in  
3           mind. The first is the number of DRs that  
4           would be reviewed. The second variable is  
5           whether the review would be a line-by-line item  
6           of every line, or whether we would grant some  
7           discretion to the SC&A reviewers -- in this  
8           case Hans and Kathy -- to focus their attention  
9           on lines that they feel are the most fruitful  
10          to review. So again, granting discretion to  
11          the reviewer. And the third variable is will  
12          we be looking mostly at these min/max cases, or  
13          will we be trying to focus on realistic cases -  
14          - and I think you all know the distinction,  
15          we've talked about this often enough.

16         So SC&A has given us four proposals, four  
17         alternatives. The first, their alternative  
18         one, is 80 cases that encompass a line-by-line  
19         review and would likely be mostly min/max  
20         cases. For the same amount of money they can  
21         do 110 individual DR reviews with discretion  
22         given to the SC&A team -- again, mostly min/max  
23         cases. Also for the same money they would do  
24         55 reviews, with discretion granted to the SC&A  
25         team, but there would be a greater

1 concentration of realistic cases, and the cost  
2 there is roughly \$600,000.

3 They give us an alternative 2B for \$890,000,  
4 which would be 80 cases, discretion to the SC&A  
5 team, trying to focus on realistic cases. And  
6 I hope that comes through. John can -- can  
7 better clarify.

8 So again, what you have in your possession are  
9 SC&A proposals for the work that I've just  
10 outlined. You also have a rollup sheet that  
11 would amount to \$3,200,000 roughly for the work  
12 I outlined for the -- the \$600K alternatives  
13 for Task IV, and then if we were to look at the  
14 80 cases with bias towards more realistic, the  
15 overall SC&A proposal then is approaching \$3  
16 and a half million.

17 So again, what I would like to see us do today,  
18 after discussion and further elaboration on  
19 this, is to give David Staudt the authority he  
20 needs to move forward to implement SC&A's work  
21 for next year, 'cause I don't think anybody  
22 that I could imagine talking to would want to  
23 see a break in the -- the quality service that  
24 SC&A has been providing to the Board and the  
25 program overall.

1 I'll stop at that and, you know, turn to John  
2 to -- to say what needs to be said to make what  
3 I said more understandable or more complete.

4 **DR. MAURO:** Yes, thank you, Lew. Lew, by the  
5 way, you did a excellent job in digesting and  
6 communicating the -- the concepts. What I can  
7 do -- certainly (unintelligible) any questions  
8 (unintelligible) through with this -- if you  
9 folks have in front of you each of the  
10 proposals, we could go through the -- the work  
11 hour allocations and how I came to where I came  
12 for each one of these tasks. If you could open  
13 up to Exhibit 1 in -- for our Task Order I  
14 proposal, this is the task order dealing with  
15 site profile reviews --

16 **DR. MELIUS:** This is Jim Melius, if I can  
17 interrupt a second. Wouldn't it be best if we  
18 talked first about the scope of what's included  
19 in the task orders rather than trying to  
20 estimate the hours and so forth, 'cause --

21 **DR. MAURO:** Sure.

22 **DR. MELIUS:** -- I -- I think we need to discuss  
23 certainly the issue with the individual dose  
24 reconstructions and it -- I mean I hate to have  
25 us, you know, later on talk about scope and

1           make changes that -- that affect the hours, we  
2           go back -- go back over those.

3           **DR. WADE:** Right, I think that's a good  
4           suggestion, Jim.

5           **DR. MAURO:** Okay.

6           **DR. ZIEMER:** I agree, and I think maybe what --  
7           what we should do here -- this is Ziemer -- is,  
8           you know, take each one, see whether or not we  
9           agree with the scope. Once the scope is  
10          established, I think the rest becomes more pro  
11          forma anyway. There may be some details the  
12          Board wants to dig into, but the scope's going  
13          to be the key issue on each of these.

14          **DR. MAURO:** Okay.

15          **DR. ROESSLER:** Before we get into the  
16          individual scopes, I'm looking at the Task IV,  
17          the two different options. There's one --  
18          really includes 1, 2A and 3, and the other's  
19          2B. Do those two options depend on what money  
20          actually does come through, or is there  
21          something else in there that would lead us to  
22          pick one over the other?

23          **DR. WADE:** No, what -- I mean I would hope --  
24          this is Lew -- that -- I think both options are  
25          available to the Board under the target funding



1           that I think we would have. Granted, the more  
2           expensive option would leave us with less of a  
3           margin to work with. But again, I -- I would  
4           rather the Board start by, you know, deciding  
5           what it thinks is appropriate and right, and  
6           then we'll try and deal with the money after  
7           then. But I think there is funding to cover  
8           either of the -- the cost options under Task  
9           IV, as I look at it right now.

10       **DR. ZIEMER:** Task IV, Gen and Board members, is  
11       -- really you can always adjust the numbers up.  
12       I think the key thing there is -- is more the -  
13       - the kinds of dose reconstructions you want to  
14       do, the -- the -- the best-estimate cases or  
15       the line-- and you know, allow some discretion  
16       on the others. For example, if you pick option  
17       2B and you don't get enough money, you can  
18       always lessen the number of cases and keep  
19       still the same philosophical approach on what  
20       you're doing.

21       **DR. WADE:** Right. Or even adjust between  
22       tasks, say --

23       **DR. ZIEMER:** Yeah.

24       **DR. WADE:** I think the -- right, I think the  
25       talk today, Gen and Paul, would be what's the

1           sense of the Board as to the kind of work it  
2           would like to see done, and then we'll deal  
3           with the money as we go.

4           **DR. ROESSLER:** Okay, good. That clarifies it.

5           **MR. GIBSON:** This is Mike Gibson. I'd just  
6           like to ask Dr. Wade, is the money -- could you  
7           briefly describe -- is the money limited to  
8           what we can authorize SC&A to -- or vote on  
9           SC&A to do, as opposed to -- and kind of give  
10          us a comparison as far as what NIOSH  
11          contractors -- are their -- are their monies  
12          limited or -- you know, if SC&A gives you a  
13          proposal and ORAU gives you a proposal, are the  
14          monies limited and who controls those monies  
15          and who -- who grants and allows those monies?  
16          **DR. WADE:** To give you a -- the short answer,  
17          Mike, the money that we're talking about  
18          historically, and I assume in the near future,  
19          flows to HHS/NIOSH from the Department of  
20          Labor. So again there would be negotiations  
21          between the Departments as to the funding  
22          required, and then the Department of Labor  
23          really controls the funding. Once the money  
24          comes to NIOSH, then we act consistent with the  
25          -- the proposals we had made, with limited

1           amounts of discretion.

2           The question of whether or not NIOSH should ask  
3           for more money for review and less money for  
4           ORAU is an internal NIOSH decision that we've  
5           taken. Certainly the Board could weigh in and  
6           offer guidance on that. There is always  
7           flexibility in these things, and there's always  
8           uncertainty in them, as well. So the \$3.5  
9           million number for SC&A has been a number that  
10          we've grown to over the last years to, I think,  
11          provide adequate funding for the scope of the  
12          review activity as the Board has outlined it.  
13          If the Board wants to push for more, then I can  
14          take that as an instruction and see what I can  
15          do in terms of securing more. But that's --  
16          this -- that's where we are right now.

17       **MR. GIBSON:** Okay. And as far as -- as far as  
18       a percentage, could you give me an idea of the  
19       amount of money, percentage-wise, for NIOSH  
20       contractors as opposed to our contractor?

21       **DR. WADE:** Boy -- I mean I would ask NIOSH  
22       people on the phone to help me with that. Jim  
23       Neton, are you on the line?

24       **DR. NETON:** Yes, I am.

25       **DR. WADE:** What do we spend in terms of the --

1           the doing of dose reconstructions and site  
2           profiles in a year that would include the  
3           principal contractors and NIOSH? Do you have a  
4           number off the top of your head?

5           **DR. NETON:** You know, I really don't. I don't  
6           have it off the top of my head.

7           **MR. GIBSON:** Is your -- I think your  
8           contracting --

9           **DR. NETON:** I can certainly get this.

10          **MR. GIBSON:** -- officer's on the line. Does he  
11          have an idea of that?

12          **DR. WADE:** I don't know if -- David, do you  
13          know the cost of the ORAU contract per year?

14          **MR. STAUDT:** No, I -- I think they had a --  
15          probably ran like \$4 million a month, but I'd  
16          have to get that exact number for you.

17          **DR. WADE:** Okay, we can get the number, Mike.  
18          The number that I will get back to the Board  
19          will be -- it will look at the principal NIOSH  
20          contractors that are involved in the doing of  
21          dose reconstructions, the development of site  
22          profiles and SEC petition reviews, as well as  
23          NIOSH's own staff, contrasted to the \$3.5  
24          million that we spend on the SC&A contract.

25          **MR. GIBSON:** Okay, and I -- you know, I only

1 ask that because, you know, we're not all  
2 professionals on the Board and we rely on SC&A,  
3 and you know, I would just like to see the  
4 distribution of -- I know that the dose recons-  
5 - ORAU's overall dose reconstructions and stuff  
6 take a lot of work and a lot of money, but I  
7 would just like to see kind of a -- a  
8 percentage or a cost of the overall contrast  
9 between the two.

10 **DR. WADE:** Right. I think it's reasonable for  
11 any group who's -- who's reviewing work to  
12 decide what percentage of the -- the cost spent  
13 in doing the work should be spent in reviewing  
14 the work. And I'm sorry I don't have that  
15 number at my fingertips. It's not the part of  
16 the business that I'm most intimately involved  
17 in. I know the SC&A numbers, but not the  
18 others.

19 **MR. STAUDT:** Mike, this is David Staudt. When  
20 we get proposals in from SC&A, we -- we are  
21 obligated to look at the statement of work and  
22 the hours proposed, and we analyze that and we  
23 confirm other direct rates that are applied to  
24 that, so when you're looking at dollars, we --  
25 we have to look at a specific statement of work

1           and -- and go from there. Although you may  
2           want to compare the total dollars against ORAU,  
3           we -- I'm obligated to look at those individual  
4           task orders and make sure that they are priced  
5           reasonably, so that's -- that's our main job.

6           **MR. GIBSON:** I understand that, David, and all  
7           I'm saying is when you go to the Department of  
8           Labor and request funds, I would just like to  
9           know overall what you request and see how that  
10          flows down to SC&A and -- and the others.

11          **DR. WADE:** Yes, Mike, we can get you that. I  
12          don't know if we can get it before the end of  
13          this call, but I can certainly get it before  
14          the next meeting.

15          **MR. GIBSON:** That's fine, Lew. Thank you.

16          **DR. ZIEMER:** Maybe just to clarify that  
17          further, the request itself is usually tied in,  
18          is it not, with something similar to a work  
19          statement in terms of what is being -- it's not  
20          just a blank check.

21          **DR. WADE:** Correct.

22          **DR. ZIEMER:** In other words --

23          **MR. GIBSON:** Yeah, I -- I understand that. I'm  
24          -- I'm just saying -- you know, I just want to  
25          make sure that we have the thorough review that

1 we need from our contractor as opposed to the  
2 work done by the other contractors.

3 **DR. ZIEMER:** Uh-huh. Uh-huh. Okay, are we  
4 ready to proceed then on the individual tasks?

5 **DR. WADE:** Right, we could begin, as Dr. Melius  
6 proposed, by looking at the -- the scope of  
7 work of each task. And so Task I is site  
8 profile reviews. And there, if I'm not  
9 mistaken, John, it's five new reviews and a  
10 redo of Savannah River Site.

11 **DR. MAURO:** That's correct, and the five new  
12 reviews includes the OTIBs and other procedures  
13 that are site-specific. One of the things  
14 we're finding out is the site profile very  
15 often has accompanying it a variety of other  
16 documents, including workbooks and including  
17 OTIBs and procedures that are specific for that  
18 site -- specific aspects of that site, so what  
19 we did is say that when we do the review we  
20 will review the -- the full suite of documents  
21 that are associated with the site profile. So  
22 we're basically doing five of those, and we  
23 estimate it's about 1,300 work hours per site  
24 profile review with its accompanying documents  
25 to deliver that first draft report, the large

1 document that shows up. And then separate from  
2 that, we've allocated 150 work hours for the  
3 closeout process for each one of those site  
4 profile reviews. And so those are the --  
5 that's the -- the way we've cost this out. We  
6 --

7 **DR. ZIEMER:** John, this is Ziemer. Didn't you  
8 have some money in there to close out also some  
9 of the current ones?

10 **DR. MAURO:** That's correct. We assume that we  
11 are going to need to close out in that fiscal  
12 year 11 of the site profiles, that is -- that  
13 would -- that would include of course the --  
14 the new five, and six additional ones that are  
15 still in the hopper, so to speak. We -- we  
16 expect that we are -- I know we're in the  
17 closeout process of many of the -- for example,  
18 Nevada Test Site -- but there are others that  
19 are -- have been -- are completed and will be  
20 completed by September. By the way, we will  
21 complete by September all 16, and you will have  
22 the draft reports in your hands for all 16, but  
23 by no means will we be in a position to -- and  
24 -- and we -- our -- my expectation right now is  
25 that we will have exhausted, or close to



1 exhausted, all of our resources for Task I by  
2 the end of September, and we will have  
3 delivered the major products. Namely, all of  
4 the site pro-- draft site profile reviews and  
5 all of the workbook reviews that are within the  
6 current fiscal year 2006 site profile -- 2006  
7 budget for -- and scope for Task I, but we --  
8 well, what I've done is ask David and -- and  
9 Lew -- that is, we are probably going to need  
10 some additional resources in fiscal year 2007  
11 to continue the closeout of the site profile  
12 reviews that will carry over into next year.  
13 You know, the 16 that are part of fiscal year  
14 2006. I believe that there will probably be --  
15 approximately, I believe, five of those are --  
16 five or six that will carry over and I've asked  
17 for 1,000 work hours specifically -- that --  
18 that's a request over and above what was in the  
19 scope of work that was requested. So  
20 altogether, in effect, you can think of Task I  
21 as consisting of three types of activities:  
22 the re-- the review of the new site profiles  
23 and the delivery of these draft reports, then  
24 the -- and then the expanded review of those  
25 very same documents, and the third element is

1 the support of the closeout of the previous  
2 fiscal year 2006. Total bottom line is 8,750  
3 work hours to perform that work.

4 The thing that's a little bit new here is that  
5 we've added in the workbooks and the OTIBs and  
6 any associated procedures that are associated  
7 with it, because in reality is we find that we  
8 do that anyway, so we wanted to make it -- you  
9 know, formalize it, incorporate it into the  
10 process.

11 So that's Task Order I, if there are any -- any  
12 questions?

13 **DR. MELIUS:** This is Jim Melius. I have some  
14 questions regarding site profile revisions,  
15 specifically to Hanford, but this may refer to  
16 some of the others that I'm not familiar with.  
17 We found when we went into -- started to get  
18 into comment resolution on Hanford that NIOSH's  
19 most common response to a SC&A comment was  
20 well, we'll address that in the revised site  
21 profile document, either underway or, you know,  
22 is in some-- someplace in the process, and  
23 we're still trying to figure out exactly where  
24 we are with -- in terms of trying to review  
25 that site profile and where we are in the

1 process. I -- I just am concerned that -- you  
2 know, of these that we've done or have been  
3 completed so far, how many that when we go to  
4 resolve the comments we're going to find that  
5 there's a whole new set of revisions that  
6 haven't been reviewed yet.

7 **DR. MAURO:** Yes, I understand your concern. In  
8 fact, that's exactly what happened with  
9 Savannah River. Enough time passed between our  
10 completion of Rev. 2 -- I believe it was Rev. 2  
11 of the Savannah River site profile, and then we  
12 went to the close-- closeout process. By the  
13 time we actually entered the closeout process,  
14 there is a Rev. 3 out, which requires -- which  
15 is really a redo. So as a result, we asked for  
16 additional 500 work hours over and above what  
17 we -- so that we could review Rev. -- Rev. 3.  
18 Now, right now we are -- I do not believe we're  
19 in that position on any other -- except perhaps  
20 Bethlehem Steel, if -- we should talk about  
21 that for a minute, but let me first answer your  
22 question.

23 With let's say Hanford, it's our understanding  
24 that there is a revision of the Hanford site  
25 profile, but since it's not in place right now,

1           my -- my assumption is that we're going to  
2           treat each of the existing site profile review  
3           reports as if it's going to enter the closeout  
4           process as we planned. Namely, we will hold  
5           one or two meetings. We've allocated 150 work  
6           hours to participate in those meetings and  
7           close out those issues. It's certainly  
8           possible that that closeout process could  
9           expand. It could expand if -- if a -- if a new  
10          -- between now and say INEL, as an example. We  
11          haven't really started the review closeout  
12          process for INEL. If an INEL revision is --  
13          emerges, a major revision, not -- not some --  
14          not some OTIB or other document, but a major  
15          revision to the document, and we are -- it's --  
16          we're -- SC&A's requested to re-- well, let --  
17          before we enter into the closeout process,  
18          let's first review this revision. Well, all  
19          bets are off on the 150 work hours that we set  
20          aside for the closeout process for INEL. So  
21          yeah, there's some vulnerability here, and I --  
22          and my intent is to keep you all very much  
23          apprised of when it's being sought to develop  
24          in a way -- and this is our greatest  
25          vulnerability is the closeout process. As you

1           probably are aware, setting aside 150 work  
2           hours for a closeout is a relatively modest  
3           budget.

4           Now we could be very optimistic and assume that  
5           the closeout process will go quickly. I was  
6           very impressed with what transpired with the  
7           Nevada Test Site. The last meeting we had, by  
8           and large -- except for I believe a few items -  
9           - there's -- there's general agreement what  
10          needs to be done, and there really isn't very  
11          much more. Once -- I think there are a few  
12          open items regarding resuspension factors, et  
13          cetera, but I -- it's -- it certainly seems  
14          feasible to be able to go through the closeout  
15          process for Nevada Test Site within the 150  
16          work hours.

17          Now whether or not the Board is going to ask  
18          SC&A to issue a final version -- we really have  
19          never talked about this, and I'm glad you  
20          brought this up because right now we have our  
21          matrix and we have a documentation of the  
22          closeout process for each issue, and so it does  
23          represent a record of how each issue has been  
24          closed out. But to date we have not gone back  
25          and revised a site profile review report in

1 light of the closeout process. And I guess as  
2 it stands now, it is not my expectation that we  
3 would be doing that, and our budget does not  
4 include anything to go back and really rewrite  
5 the -- the -- the site profile review to  
6 reflect the -- to the -- what -- what  
7 eventually occurs at the closeout process. So  
8 yes, I hope that answers your question, kind of  
9 late in the answer.

10 **DR. MELIUS:** Well, it does and it doesn't. I  
11 mean I've just been concerned that -- not about  
12 as much your estimate of hours, but that we go  
13 through a closeout process that by the time we  
14 go through it, it's meaningless because there  
15 are very significant changes that have been  
16 made in the -- the site profile. And my  
17 impression from the -- the Hanford review and  
18 NIOSH's response to your Hanford site profile  
19 review was that certainly significant  
20 proportion of the major issues were being  
21 addressed in a new document and that somehow we  
22 need to take that into account in -- in how  
23 we're, you know, budgeting our review time. I  
24 mean that -- to me it doesn't make any sense to  
25 have a site profile review that -- where you

1 comment and the comments back from NIOSH are  
2 entirely well, we've already changed that, or  
3 we're in the process of changing that.

4 **DR. MAURO:** The way I've been looking at that  
5 is that's -- that's good news. What that means  
6 is that the issues that we put before NIOSH  
7 expressing our concerns have been looked at by  
8 NIOSH and NIOSH has taken some action on these,  
9 and perhaps some other matters that they feel  
10 is necessary to make a revision, so we sit  
11 quietly. In other words, we don't burn up  
12 hours. Basically -- let's say the -- for a lot  
13 of comments, such as the Nevada Test Site, the  
14 statement is made that yes, we concur and we  
15 plan to make these revisions. And then our  
16 role is not to take any action until those  
17 revisions are made. So if -- it's -- it's  
18 entirely possible that then once those  
19 revisions are made, it -- it is not going to be  
20 -- it's a matter of just -- now we really  
21 haven't talked very much about this, but I  
22 presume the Board would want us to go and take  
23 a look and see in fact -- if in fact those  
24 revisions have in fact been made. But right  
25 now we've never reached that point.

1           I think we might be at that point right now  
2           with Bethlehem Steel. I noticed that -- you  
3           know, we -- the very first site profile that  
4           went through this process where we identified a  
5           number of issues and -- and we went through the  
6           issues closeout process, all the issues were  
7           closed out on the matrix, most of which were  
8           closed out in terms of -- there were six major  
9           issues, and NIOSH's position was yes, we will  
10          address those issues in -- in the revised  
11          Bethlehem Steel site profile. I noticed on the  
12          web that there is not in fact a revised  
13          Bethlehem Steel site profile on the web.  
14          Now my understanding is we are to take no  
15          action on that. And if we are to -- requested  
16          to take some action to check the Bethlehem  
17          Steel revised site profile that has recently  
18          come out and crosswalk it against the -- the  
19          six major issues that were discussed during the  
20          closeout process, right now we don't take any  
21          action on that because it is not within the  
22          budget of this proposed scope of work, nor was  
23          it within the budget of our original fiscal  
24          year -- original -- I think this was 2005/2006  
25          time period scope of work. So yeah, we do have



1           a little bit of a hole here in terms of how do  
2           we really achieve closure on the back end of  
3           this process. And -- and then right now the  
4           way we've laid out our budget -- really our  
5           budget, in terms of closeout, is really to  
6           engage NIOSH in a limited dialogue after we  
7           submit our site profile review report, and then  
8           we just set aside 150 work hours -- which  
9           basically allows us to have one, perhaps two  
10          meetings, work off -- build up and work off a  
11          matrix closeout document and get to the point  
12          where we say okay, by and large, we all agree  
13          that this needs to be changed, this needs to be  
14          changed and NIOSH would say yes, we -- we are  
15          in the process of changing that. And/or we say  
16          -- or we understand NIOSH's position and we  
17          know -- we concur in their position and we  
18          withdraw that particular comment and close it  
19          out -- and so that represents the closeout  
20          process.

21         And we really haven't taken the next step to  
22         say okay, once that's accomplished, is there  
23         anything more that SC&A might need to do to  
24         truly achieve closeout on these issues, and --  
25         and I guess we could use some guidance

1           regarding that matter. Right now our budget  
2           for fiscal year 2007 for Task Order I does not  
3           include let's say the very last step in this  
4           closeout process, which would be to review the  
5           revised documents when they emerge, 'cause I  
6           don't think 150 work hours that we set aside is  
7           -- is sufficient to actually do that final  
8           review and then revise let's say our site  
9           profile review.

10       **DR. ZIEMER:** This is Ziemer. Let me, though,  
11       comment on this issue. If in fact a revised  
12       site profile emerges on the scene after you've  
13       made your review of the previous version, and  
14       there would be presumably a matrix developed as  
15       part of the regular closeout process, then it  
16       seems to me that NIOSH's response in the matrix  
17       could include something from the revised  
18       document. Even though you haven't reviewed the  
19       revised document, they could show that as their  
20       response and you, as a matter of course in  
21       assessing whether you think the response is  
22       adequate, would be in fact, as part of the  
23       closeout, reviewing in a sense a part of the  
24       revision --

25       **DR. MAURO:** That would be a very efficient --

1           **DR. ZIEMER:** -- because you would be reviewing  
2           that response.

3           **DR. MAURO:** I agree entirely, so that would  
4           avoid having to let's say reread and re-review  
5           an entire document, but we just --

6           **DR. ZIEMER:** You would be reviewing the issues  
7           that were raised in the original document. Now  
8           it's quite true there may be some new issues in  
9           a revised document that you have not even  
10          thought about. But at least the ones that  
11          arose from the original one, if -- insofar as  
12          they've been addressed in the new one, would  
13          have been taken care of.

14          **DR. WADE:** Right. This is Lew Wade. I think  
15          it's a matter of degree. I mean Dr. Melius  
16          raises a fundamental problem that -- that  
17          exists in the way we've designed the system. I  
18          think it's incumbent upon each workgroup when  
19          it's -- when it begins its review, to sort of  
20          assess the state of play and determine if we  
21          have a situation where there is no reissued  
22          site profile and therefore the review stands  
23          and we can proceed forward. Or, on the other  
24          end of the spectrum, there is a drastically  
25          altered new site profile that might require

1           going back to ground zero and review from the  
2           beginning. Or, if we're somewhere in between,  
3           as Dr. Ziemer just mentioned, there has been a  
4           revision --

5           **DR. ZIEMER:** (Unintelligible) and on a  
6           workgroup to make a recommendation on what to  
7           do in that case.

8           **DR. WADE:** Right, and if -- remember Dr.  
9           DeHart, when he began the Savannah River  
10          process, said he thought that going back to  
11          ground zero was the appropriate action. If --  
12          if Dr. Melius feels that's the case in Hanford,  
13          then we'll adjust contractually. I think in  
14          each case a judgment's going to be -- have to  
15          be made as to just where we are.

16          **DR. MELIUS:** But my -- my point is, is there an  
17          adequate number of work hours in this task to  
18          be able to do that? 'Cause 150 to, you know,  
19          resolve these is not a lot of hours. And Han--  
20          if Hanford's an example -- I mean we've got  
21          LANL, we've got some other very big sites.  
22          They're complicated sites. I don't think we  
23          can expect the original site profiles to be  
24          comprehensive, and there will be revisions,  
25          additions and -- and so forth, and we need to

1           plan our reviews accordingly. And that's why I  
2           have concern about the proposed scope of this  
3           task. I just don't think it's adequate to  
4           address that and I -- I don't want to get us in  
5           the position of having to put this off -- you  
6           know -- you know, if the revisions of the site  
7           profile are ready, I don't want to have to put  
8           it off a year till we review it because, you  
9           know, we -- we don't know this, but we could  
10          have SEC petitions, so forth, coming in from  
11          some of these sites, in which case -- we do,  
12          actually, for -- for LANL, one that's in  
13          process somewhere -- that -- that's going to  
14          sort of -- that need to speed up the review  
15          process, and I'm concerned that -- make sure  
16          that we have enough, you know, hours and time  
17          in this proposal to address that.

18       **DR. WADE:** Yeah, the -- the mechanisms  
19       available to us now, if we were to find that  
20       there were several more like Savannah River  
21       that would require an extensive review, then  
22       the mechanisms open to us would be to -- to  
23       look into this task and possibly not initiate  
24       several new reviews of the five new reviews,  
25       and replace them with re-reviews. Or we could

1 look for other money within the con --  
2 (telephonic interruption) spending funds. I  
3 think we do have to keep our eye on this issue.  
4 I think the proposal as written gives us some  
5 flexibility, but again, I think it -- it's  
6 judgment that has to be made on a case by case  
7 basis.

8 **DR. ZIEMER:** This is Ziemer. John Mauro, did -  
9 - is the 1,000 hours of additional work to  
10 close out the six cases based on -- pretty much  
11 on your -- is -- well, basically it's about 150  
12 per --

13 **DR. MAURO:** Exactly.

14 **DR. ZIEMER:** -- cases. That's based on  
15 previous years experience with (unintelligible)  
16 --

17 **DR. MAURO:** Well, we really ha-- no, as a  
18 matter of fact, it's -- it's what I would  
19 consider to be an optimistic -- it would be  
20 more based on if things go as smoothly as they  
21 did with Nevada Test Site and that site  
22 profile. The reality is the only -- the only  
23 case that we really went through the entire  
24 process would be Bethlehem Steel. And as you  
25 probably know --

1           **DR. ZIEMER:** That took more.

2           **DR. MAURO:** -- that took -- there was just as  
3 much time involved in the closeout as there was  
4 in the original document.

5           **DR. ZIEMER:** Yeah.

6           **DR. MAURO:** So -- so we held -- we have two  
7 extremes. We have one where the closeout  
8 process could be as expensive as the initial  
9 preparation of the draft report, and the other  
10 extreme is we might be able to do it in 150.  
11 The proposal that you're looking at right now  
12 is -- is the -- is optimistic.

13           **DR. ZIEMER:** I suspect that Jim's discomfort is  
14 an intuitive one, and I think I would share  
15 that intuitively -- 150 hours doesn't seem like  
16 very much to close out a big site.

17           **MR. GIBSON:** This is Mike, I would tend to  
18 agree with you, Dr. Ziemer and Jim, that these  
19 SECs come in for the different sites -- we're  
20 going to find issues where they may have to go  
21 back to ground zero.

22           **DR. MAKHIJANI:** Dr. Ziemer, could I say  
23 something? This is Arjun.

24           **DR. ZIEMER:** Sure.

25           **DR. MAKHIJANI:** Yeah, we -- John just mentioned

1           the Nevada Test Site, and it is moving rapidly,  
2           as Mr. Presley informed you this morning. But  
3           as we noted in his worksheet from the meeting,  
4           there are -- one of the reasons it's moving  
5           very quickly is that NIOSH has said it's going  
6           to -- you know, in 20-odd items that it -- some  
7           of them were resolved by the SEC. There are a  
8           significant number of items where NIOSH is  
9           making major revision to the site profile.  
10          Now one of the questions I think that -- come  
11          up in this discussion just a few minutes ago  
12          was we're closing out this matrix, but then  
13          NIOSH is revising the site profile. For  
14          instance, beta doses. It said it is going to  
15          produce a method to calculate beta doses up to  
16          1966 when -- even though there were no  
17          measurements of beta dose. That will remain as  
18          an unreviewed item at the closeout of this  
19          matrix. So there's -- there's a procedure at  
20          the back end of the matrix because NIOSH has  
21          not yet published a revised site profile by the  
22          time we finish the matrix.

23       **DR. ZIEMER:** Yeah. Yeah.

24       **DR. WADE:** See, and the other issue is SC&A's  
25       role versus the Board itself's role in terms of



1           accomplishing some of these verifications.  
2           That's something we have to work through as  
3           well.

4           **DR. ZIEMER:** Well, Lew, your point was that as  
5           we get into it we can readjust if necessary --

6           **DR. WADE:** Right.

7           **DR. ZIEMER:** -- the allocation of -- of these  
8           tasks in terms of time and effort and different  
9           sort of subsections.

10          **DR. WADE:** Right.

11          **DR. ZIEMER:** Increase the closeout time,  
12          decrease the main time and so on.

13          **DR. WADE:** But I mean I don't doubt what --  
14          what Dr. Melius is saying to be true. It's  
15          quite possible we'll have to reserve one or two  
16          of those five new slots to accomplish a major  
17          re-review. I just don't know that yet, and  
18          won't know until the workgroups start to look  
19          into it.

20          **DR. MELIUS:** Yeah, but -- this is Jim -- I  
21          guess I'm concerned that we're going to get  
22          into -- partway through the year and not have  
23          adequate resources to address some of the  
24          revisions, changes and, you know, et cetera to  
25          some of the major sites. And whether we're --

1           the pressure's from an SEC petition or the  
2           pressure's from the fact that NIOSH has already  
3           completed a number of dose reconstructions, you  
4           know, based on the original site profile,  
5           whatever -- I mean there -- lots of issues that  
6           are -- or holding off on doing dose  
7           reconstructions pending completion and -- and  
8           review of -- of some of these documents. I --  
9           I just don't think we should try to put  
10          ourselves in a position not having adequate  
11          resources to do the technical reviews that are  
12          required. And it doesn't seem to me that we've  
13          -- and maybe it's not possible to do. I -- I  
14          know John's been trying to work on getting  
15          additional information on -- on Hanford and  
16          it's hard with, you know, summer vacations and  
17          so forth to do that, but -- whether we've put  
18          enough thought into how we're estimating what  
19          our needs are for this particular task.

20       **DR. ZIEMER:** Well, let me ask a related  
21       question and again maybe address John Mauro on  
22       this. John, suppose that instead of 1,000  
23       hours on -- on this closeout process, suppose  
24       it was 10,000 hours. What would that mean in  
25       terms of your ability to do the other site

1           profile work? Are we talking about shifting  
2           the hours amongst a limited number of people,  
3           or would you have to expand your staffing in  
4           order to accommodate more effort on that back  
5           end?

6           **DR. MAURO:** Yeah, I've -- I've been expanding  
7           my staff to -- to deal with the growing nature  
8           of the project. We -- we have brought aboard  
9           one additional person, and quite frankly, I'm  
10          hoping that Lynn Anspaugh, after he goes  
11          through the vetting process, would be available  
12          to help out on site profile reviews of site  
13          profiles other than the site that he -- you  
14          know, he would be precluded from working on.  
15          So -- so yes, the answer is our -- our  
16          intention is to add staff.

17          **DR. LOCKEY:** This is Jim Lockey. Lew, how much  
18          leeway do you have for adding money to this  
19          type of budget halfway through the year?

20          **DR. WADE:** Oh, it -- if I had -- if the money's  
21          available, it's not difficult. The question is  
22          the availability of funds. And again, that  
23          really depends upon our ability to shift money  
24          between the different contracts, depending upon  
25          our assessment of need. So I don't think it's

1 out of the question that we could adjust  
2 resources. It's just a matter of not knowing  
3 at this point what that adjustment would have  
4 to be.

5 **DR. MELIUS:** Yeah, but -- Lew, this is Jim. I  
6 think if the original estimate is so optimistic  
7 -- I -- I think -- I think we're fooling  
8 ourselves if we think that, you know, that's  
9 going to be adequate.

10 **DR. WADE:** Well, the question on this one is  
11 the five new reviews. We don't have to do five  
12 new reviews. If we were to determine, you  
13 know, part-way into the fiscal year that the  
14 re-review and closeout function was to consume  
15 significantly more resource than we estimated,  
16 we would have the ability to adjust within that  
17 task. And I just don't know at this point  
18 whether we should say no, it's not going to be  
19 five new reviews, it's going to be three re-  
20 reviews and three new reviews. That I don't  
21 know at this point. I mean we could write that  
22 into this task, that there -- there's  
23 flexibility there, but I just don't know at  
24 this point what we find when we look at Hanford  
25 or when we look at LANL, when the working

1 groups really start to put their shoulder to  
2 it, whether the budgets are adequate or whether  
3 we'll need to forestall a new review and  
4 replace it with a re-review.

5 **MR. GIBSON:** Lew, this is Mike, and that --  
6 that kind of gets back to what I originally  
7 started out asking. When you guys go to the  
8 Department of Labor to request funds -- maybe  
9 this is a different way to phrase is -- is  
10 there -- do you have funds available under  
11 NIOSH or CDC or whatever at -- are they  
12 specifically allotted for SC&A and for ORAU, or  
13 can you reroute money that -- from ORAU to SC&A  
14 if they need additional funds or --

15 **DR. WADE:** We would need to frame that in our  
16 proposal to the Department of Labor and there -  
17 - there are always flexibilities. You know,  
18 NIOSH has taken the position in the budgets  
19 that it's submitted that the allocation of  
20 funds between the doing of the work and the  
21 reviewing of the work is -- makes sense to it  
22 and is consistent with the instructions we've  
23 been getting for the -- from the Board in terms  
24 of the level of work that the Board is  
25 requiring in terms of review. Those issues can

1 always be revisited. But you know, our view of  
2 the balance of money spent on doing work versus  
3 reviewing work is that we're at a reasonable  
4 place. Now I can give those numbers to the  
5 Board and the Board can decide what it thinks  
6 about that, but within the management of the --  
7 the program, that's the judgment that we've  
8 made.

9 **MR. GIBSON:** Okay. Well, I just -- I just see  
10 this as -- I mean it -- it's a growing process  
11 and -- and we're all learning more and we're  
12 all -- it's just getting deeper and, you know,  
13 I share the concerns of Dr. Melius and -- and  
14 Dr. Poston and others that -- you know, I don't  
15 want to see -- well, and I'm not speaking for  
16 them, but to me, if they have to -- if they  
17 have -- if SC&A has a allotted amount of money  
18 and they have to shift it to SC&A reviews as  
19 opposed to dose reconstruction reviews, you  
20 know, I don't think that's fair. I think  
21 that's -- you know, that's robbing Peter to pay  
22 Paul.

23 **DR. WADE:** Well, the alternative is you take  
24 the money from the people who are doing the  
25 dose reconstructions to the people who are

1 reviewing it, and those are all very difficult  
2 judgments that have to be made.

3 **DR. MELIUS:** And the other alternative is to  
4 get more money.

5 **MR. GIBSON:** Right, thank you, Ji-- thank you,  
6 Jim.

7 **DR. WADE:** But that's not something I control.  
8 Or that's not something we control.

9 **DR. MELIUS:** But there -- if we don't indicate  
10 what the need is, then I think we're not  
11 adequately doing our job as an Advisory Board.

12 **MR. GIBSON:** Uh-huh, absolutely.

13 **DR. MELIUS:** And I would point out that simply  
14 shifting money from new site profiles I don't  
15 think adequately addresses the need that there  
16 are site profiles left that have not been  
17 reviewed, there are dose reconstructions that  
18 have been done on those. In some ways we sort  
19 of defer to the site profile review when we're  
20 doing individual dose reconstruction reviews  
21 of, you know, dose reconstruction based at  
22 those sites, and I think it's important that we  
23 get these site profiles done, and I -- I have  
24 concerns about deferring on -- on the new ones.

25 **DR. ZIEMER:** Let me insert as an additional

1 comment in here, an additional limiting factor  
2 outside of our contractor is our own Board.  
3 And it's going to be very important -- this is  
4 -- I'm preaching to the choir, but it's going  
5 to be very important that we get these lost  
6 positions replaced fairly soon because Board  
7 members, in terms of workgroups among all of  
8 these, can only handle so much material, too.  
9 And you know, we -- we can ramp up the  
10 contractor and do all sorts of things, but  
11 ultimately we have to be able to handle all  
12 this material, review it, have our working  
13 groups and make decisions. And that becomes a  
14 kind of limiting factor in itself.

15 **DR. WADE:** It's become a pacing factor,  
16 certainly, and it leads to the problems that  
17 we're talking about.

18 **DR. ZIEMER:** Right, the number of -- of issues  
19 we can handle in a given period of time.

20 **DR. MELIUS:** But can I point out two other  
21 factors that I think weigh against that. One  
22 is the SEC process. It's certainly been  
23 extremely helpful to our SEC evaluation reviews  
24 to have a site profile review already done.

25 **DR. ZIEMER:** Yeah, uh-huh.



1           **DR. MELIUS:** Secondly -- actually my original  
2           set of questions on trying to delve into this  
3           issue on Hanford was trying to see whether we  
4           really needed to have a meeting to closeout a  
5           site profile review when it seemed to me that a  
6           good proportion of the major issues were being  
7           -- were in revision. You know, it was a -- a  
8           new revision of the site profile was being  
9           worked on or some other -- other document that  
10          would address the concerns that were raised by  
11          SC&A. And to me, the question was, you know,  
12          do we get a work -- try to get a workgroup  
13          together and spend the time and effort, or was  
14          our time better spent, you know, working on  
15          other issues. We're all -- all have multiple  
16          workgroup assignments and jobs to do, and so  
17          this whole issue of the revisions and so forth  
18          is also a question of how does the Board most  
19          efficiently --

20          **DR. ZIEMER:** Right.

21          **DR. MELIUS:** -- (unintelligible) its time,  
22          also. And I agree they're all linked and it's  
23          a -- it's a hard -- hard balance and we can't  
24          predict what SEC petitions are coming in at a  
25          given point in time. But I also -- concerned

1           that if we don't address these issues up front,  
2           we get halfway through the year and we've lost  
3           our ability to modify the contract without  
4           having to, you know, rob it from some other  
5           place in the -- the contract.

6           **DR. LOCKEY:** I'd like -- this is Jim Lockey.  
7           Maybe we can make a proposal to you, Lew, that  
8           the Board is in a position that we suggest that  
9           you make -- you make whoever you have to make  
10          aware that at some point the Board has a  
11          concern about adequate funding for perhaps  
12          additional reports that may be needed in the  
13          near future and a mechanism has to be put in  
14          place to address that, if in fact that happens.

15          **DR. WADE:** Certainly I can do that.

16          **DR. MELIUS:** I would just suggest that -- I'm  
17          not sure there's much more we can say on Task I  
18          at this point. I think if we go through the  
19          other tasks, let's see where we are at the end  
20          and -- and -- and then we might have a better  
21          idea of are the overall resources adequate.  
22          What Jim Lockey just said may be something we  
23          can follow up on or -- or -- or some other  
24          mechanism, but we -- we need to -- you know, we  
25          may find that they've overestimated some other

1 place.

2 **DR. ZIEMER:** Well, and -- and if they have or  
3 even if they haven't, at some point on this  
4 issue of the closing out of these things, if  
5 1,000 hours for -- I think it's for six,  
6 roughly 150 hours per site -- is not adequate,  
7 or if we think it's marginal, it -- it may be  
8 that we should indicate what we think it ought  
9 to be and then the financial implications of  
10 that will -- will appear. It may be that SC&A  
11 would come up with a new number and -- and  
12 maybe we end up going over the \$3 and a half  
13 million, but at least you can go on record as  
14 indicating what you think needs to be done.

15 **DR. WADE:** Uh-huh.

16 **DR. ZIEMER:** Any more on item one then? Let me  
17 ask this and maybe ask David Staudt, do we --  
18 do we need individual Board actions on each  
19 task, or how -- what do you need to proceed?

20 **MR. STAUDT:** Well, I just think a consensus at  
21 the end on which ones we can move forward to  
22 and whatever directions, that's all we --  
23 that's all I need.

24 **DR. ZIEMER:** Okay. So Board members, you want  
25 to hear the total picture and then we can go

1 back and -- and take an action or a group of  
2 actions. Is that agreeable?

3 **MR. PRESLEY:** That's fine, Paul. This is Bob.

4 **DR. ZIEMER:** Okay, let's go ahead with item two  
5 then, John --

6 **DR. WADE:** Well, there's no -- then this --

7 **DR. ZIEMER:** -- I guess you'll (unintelligible)  
8 --

9 **DR. WADE:** Yeah, Task III is the --

10 **DR. ZIEMER:** -- (unintelligible).

11 **DR. WADE:** -- review of the procedures and  
12 workbooks, and here we have a proposal from  
13 SC&A to look at 30 additional generic  
14 procedures and associated workbooks.

15 **DR. ZIEMER:** And John Mauro, this -- you've  
16 defined -- you identified these pretty well  
17 already. Right?

18 **DR. MAURO:** Well, I prov-- yeah, I provided --

19 **DR. ZIEMER:** You have exhibit -- in there --

20 **DR. MAURO:** No, in a separate package, under  
21 separate cover, I provided you with a list --

22 **DR. ZIEMER:** Right.

23 **DR. MAURO:** -- of all of the procedures that we  
24 have not yet reviewed or have been asked to  
25 review. So it becomes a matter of choosing

1 from the existing generic procedures that are  
2 alive and well which ones -- which of those you  
3 would like us to review. I'm basically  
4 estimating that would require us about 50 work  
5 hours to review each procedure, and that  
6 includes if there's a workbook with that  
7 procedure. We're finding that they go hand in  
8 glove. Then I've set aside ten work hours for  
9 the closeout of each review procedure. I think  
10 this is a lot more manageable situation than  
11 let's say what we just talked about under Task  
12 Order I because, as you may have noticed, the  
13 review process for the procedures that we're in  
14 the middle of right now is much more -- in  
15 other words, in one fell swoop, through one  
16 matrix, we're able to capture the fundamental  
17 issues on each of the procedures and go through  
18 the matrix and get them closed. And I think  
19 that we're dealing with a much more manageable  
20 problem here and -- as opposed -- so I guess  
21 I'm -- I'm much less -- and my experience has  
22 been that we are doing very well in terms of  
23 meeting our budgets, getting our deliverables  
24 done on the review of procedures. We -- we've  
25 been -- we've been good predictors of what we

1 think it will cost to get the product. Now of  
2 course we're still in the process of -- of  
3 closing out our previous set of orig-- of 30  
4 procedures or so, I believe there were 30, the  
5 first set -- but we -- and we're -- we have the  
6 second set of procedures in your hands, but  
7 we're well within budget. And so I feel as if  
8 we've got this thing -- this is -- this doesn't  
9 have as much uncertainty. It's not like the  
10 site profiles --

11 **DR. ZIEMER:** Yeah.

12 **DR. MAURO:** -- which are very complex  
13 documents.

14 **DR. ZIEMER:** Uh-huh.

15 **DR. MAURO:** The procedures deal with usually  
16 very narrow issues, very well formulated -- as  
17 you may have noticed in my previous  
18 presentation, they were clear and quite fav--  
19 quite frankly, in the last set, quite favorably  
20 reviewed. We only had a few minor points. So  
21 I don't -- I -- I think the budget we have here  
22 for Task Order III for fiscal year 2007 we'll -  
23 - we'll be able to meet, perhaps even come in  
24 under budget.

25 **DR. LOCKEY:** John, how many procedure books are

1           there --

2           **DR. MAURO:** Oh, the --

3           **DR. LOCKEY:** -- all together?

4           **DR. MAURO:** -- workbooks?

5           **DR. LOCKEY:** Yeah.

6           **DR. MAURO:** I didn't count them all up. Kathy  
7           Behling, are you on the line?

8                               (No response)

9           I don't know if Kathy's on the line. She's  
10          sort of our records person.

11          **MS. BEHLING:** John, I am on the line --

12          **DR. MAURO:** Oh, fine.

13          **MS. BEHLING:** -- and quite honestly, I don't  
14          have a number at the tip of my fingers here.  
15          It -- it's a dynamic system and it does change,  
16          and with the procedures and -- I know with the  
17          procedures -- the ORAU procedures are up to at  
18          least in the 60s -- no, in the -- in the --  
19          yeah, the TIBs are in the 90s and the  
20          procedures are in the numbers of the -- like  
21          61, 62 range, but I really don't have an exact  
22          number on my --

23          **DR. MAURO:** We're talking about 150 documents,  
24          and to date we have reviewed 60, if that's  
25          where we are, and now we're saying there's

1           going to be another 30 to add on to that. So I  
2           mean we are -- we are reviewing -- I mean after  
3           this next round, this -- the two -- this fiscal  
4           year's round, let's say we will have completed  
5           approximately 90 or so procedures out of the  
6           approximately 150.

7           **DR. WADE:** Okay on III?

8           **UNIDENTIFIED:** Uh-huh.

9           **DR. MAURO:** That's -- that's Task Order III.

10          **MR. GRIFFON:** Just one question I -- this is  
11          Mark Griffon. Just a point -- I think, John,  
12          you said this but I just want to emphasize  
13          this, that the first set of procedures reviews,  
14          as we'll see on my upcoming presentation -- I  
15          mean a lot of the -- this question of  
16          resolution, and I think we've gone over this  
17          with the site profile issues, too, but a lot of  
18          the resolutions on these are "this issue was  
19          revised in a subsequent procedure" or the --  
20          you know, so --

21          **DR. MAURO:** Yes.

22          **MR. GRIFFON:** -- so we have -- again, we have  
23          this question of, you know, does SC&A review  
24          the next procedure, and I think in this -- at  
25          least in -- in our workgroup we've sort of said



1           we wanted SC&A to review the part of that  
2           procedure that addresses that particular  
3           finding --

4           **DR. MAURO:**   Yeah.

5           **MR. GRIFFON:**  -- but not maybe the whole thing,  
6           but in some cases I think, you know, it ends up  
7           being a majority of the procedure has to be  
8           sort of looked at again --

9           **DR. MAURO:**   Yeah.

10          **MR. GRIFFON:**  -- so that -- you know -- I -- I  
11          know -- I know it's going probably quicker, but  
12          I just want to --

13          **DR. MAURO:**   Yeah, there's no doubt that the  
14          back end of the process we're in, on all of  
15          these tasks, is -- has been a -- a fuzzy edge.  
16          The only place that seems to be -- have a  
17          fairly clean edge has been the review of the  
18          cases under Task IV.  But you're right, the  
19          back end of the review process of Task I, that  
20          has been extremely fuzzy.  I mean we -- we --  
21          it's open-ended.  We don't know where it's  
22          going to take us.  It's dynamic because these  
23          site profiles are being revised periodically.  
24          Procedures are similar, but you know, I feel as  
25          if they're more manageable because they're a

1 smaller level of effort. That is, to review a  
2 procedure or a revision to a procedure is --  
3 we're not talking about a large effort. We're  
4 talking 50 work hours. And so even if there's  
5 a new proce-- you know, a new procedure comes  
6 out or major revision to a procedure, it's --  
7 it's sort of a manageable situation, unlike  
8 when a new site profile comes out.

9 **DR. ZIEMER:** Right.

10 **DR. MAURO:** It becomes a -- a -- quite of -- a  
11 pulse moving through the system. You're right  
12 -- you're right, though, Mark. The back end of  
13 the procedures -- I guess I just perceive it as  
14 cleaner and easier to manage. But you're  
15 right, there's still a lot of fuzziness about  
16 the closeout also.

17 **MS. BEHLING:** This is Kathy Behling again, and  
18 if I can just correct something. I pulled out  
19 a document and we're actually up into about  
20 Procedure -- maybe 97 or so procedures, and  
21 about 50 or so Technical Basis Docu-- or  
22 Technical Information Bulletins. And if I can  
23 also add to the issue of the procedures review,  
24 when we first started -- when we did the first  
25 selection of procedure reviews we were looking

1 at some generic procedures and some procedures  
2 that were a crux of the dose reconstruction  
3 process. Where now as we're starting to look  
4 at procedures, the new TIBs and the new  
5 procedures are much more specific to a certain  
6 issue or so -- a certain to res-- resolution  
7 process from either the site profile review or  
8 the review of other procedures. So they're a  
9 little bit more manageable, like John is  
10 saying. But the issues resolution process is  
11 still a fairly extensive process.

12 **MR. GRIFFON:** Okay.

13 **DR. WADE:** Okay on Task III?

14 **DR. MAURO:** Okay, that -- that was Task III --  
15 II -- yeah, as you know, II is -- we skip over  
16 because II is completed and it has not been  
17 reactivated again.

18 **DR. WADE:** Task IV is the individual dose  
19 reconstructions with the -- with the -- the  
20 different alt-- alternates.

21 **DR. MAURO:** That's the -- that's Task Order IV,  
22 and -- yes, and I -- and now you -- you  
23 characterize it very well. I think to -- to go  
24 back to it, we -- we are now -- think of it  
25 like this. The -- the -- if we continue

1 business as usual, we were doing basically 60  
2 reviews each year and the Board would submit to  
3 us, you know, packages of 20. We believe if we  
4 stay doing business as usual, we probably --  
5 for the same price -- can do 80, by noticing  
6 that we're getting a lot better at it, so  
7 you're -- so therefore if you look at our Task  
8 IV proposal and you go to the exhibits page  
9 where the Exhibit 1 and Exhibit 2 is -- Exhibit  
10 1 is -- basically is our starting point. It's  
11 sort of like the rock we stand on. Well, we  
12 believe for basically the same price that we  
13 did 60 last year we can do 60 this year -- I'm  
14 sorry, we can do 80 this year for the same  
15 price. And -- and when I say the same -- we're  
16 talking about procedures that are predominantly  
17 min/max. We're only -- out of each set of 20  
18 there may be -- we have been -- you know, there  
19 may only be two or three realistic cases that -  
20 - that's what's been coming through the  
21 pipeline and up -- up through the fourth set.  
22 Okay? Whereas we see -- that's what we're  
23 seeing. And -- and -- and -- but we -- one of  
24 the -- so therefore I think that we are now  
25 getting more efficient at putting out these

1           reports. So we're saying we can do 80 as  
2           opposed to 60, which we did last year, if  
3           everything stays as-is.

4           But we're saying -- one of the things that came  
5           up at the last meeting is that boy, it would be  
6           great if we could increase the through-put  
7           because I know that you -- you're shooting for  
8           two and a half percent of the total number of  
9           adjudicated cases undergoing auditing, and at  
10          the pace we're going that's not going to  
11          happen. And one of the questions that came is  
12          the-- is there any way we could pick up the --  
13          you know, keep -- keep the price the same, but  
14          -- but -- perhaps -- and still be -- do a  
15          quality job, but maybe move out some more  
16          audits.

17          Well, we -- we talked -- we got together and  
18          talked that -- about that a bit and -- and  
19          Hans, Kathy and myself were talking about well,  
20          what can we do. And it turns out right now, as  
21          you know, the audits that we're doing are  
22          really very, very I guess meticulous in terms  
23          of going through each and every item, every  
24          number, you know, as you would like an IRS type  
25          audit. We just look at everything.

1           We feel that it's probably certainly places  
2           where what we've learned we could sort of reap  
3           the benefits of a lot we've learned and -- and  
4           perhaps zero in on areas that we feel are more  
5           important and use a little bit discretion on  
6           where we're going to really apply our resources  
7           and where we'll back off a little bit based on  
8           our experience. And if we're -- we're -- you  
9           know, if we're given that flexibility, we  
10          probably could do 110 ca-- cases for the same  
11          price. So in other words, we could kick it up.  
12          But that's still assuming that only a  
13          relatively small percentage of them are these  
14          realistic cases.

15          My sense is there probably aren't that many  
16          real-- I'm not sure. I mean we -- we don't  
17          know how many there are out there, and Kathy,  
18          maybe you could help me out a bit, but at least  
19          out of the first four sets that we've -- we --  
20          we're -- you know, we finished three, we're  
21          well into set -- we finished four, we'll well  
22          into I guess set five, and we're not seeing  
23          that many realistic cases coming through. That  
24          doesn't mean they -- now the sixth set, the  
25          last set that we just received, Kathy, do you

1           have any idea if -- are we starting to see a  
2           lot more realistic cases?

3           **MS. BEHLING:** Well, the Board is making an  
4           effort to select the realistic cases, and in  
5           this last set, the sixth set, there's 13 of the  
6           20 are best-estimate or realistic cases.

7           **DR. MAURO:** Okay, so that -- that is -- that is  
8           moving that way. Well, where -- where I'm  
9           going with this is that if things -- in effect  
10          I have created a series of options here which  
11          says that we could probably push it up to 110,  
12          but that -- ca-- in other words, we could do  
13          110 as opposed to 80 for the same price if we  
14          were given a little discretion on backing off  
15          on the level of detail.

16          Now if it turns out, though, that -- that we're  
17          seeing -- what comes through the pipeline are  
18          predominantly the realistic cases, for the same  
19          price we could probably only do 55. In other  
20          words, that first table, Exhibit 1, is probably  
21          mislabeled a little. It really should say work  
22          hour allocation for completion of 80/110/55  
23          audits, because what they -- what that price is  
24          is -- what we're saying, for the same price --  
25          for the same price, we can do 80 of the same

1 kinds of things we've been doing all along. We  
2 could do 110 of the same kinds of things we've  
3 been doing all along except we're going to give  
4 Hans and Kathy a little bit of discretion on  
5 where they're going to put their efforts. And  
6 finally, if in fact all of a sudden we start to  
7 see a large percentage -- let's say two-thirds  
8 -- of the -- of the cases are in fact  
9 realistic, well, we probably are only going to  
10 be able to do 55 cases for that price. Okay?  
11 That's a good way to look at it. So that's  
12 what Exhibit 1 does. It really gives you for  
13 the -- for the same price -- I feel like I'm  
14 selling fruit -- for the same price, we -- we  
15 can do 80 versus 110 versus 55, where we're  
16 playing off the degree of discretion and we're  
17 playing off how many realistic cases might be  
18 contained in the batch.

19 And that -- there brings us to Exhibit 2  
20 whereby we say okay, if you do want 80 and you  
21 give us a certain amount of discretion, but we  
22 are saying that 60 of them are realistic and 20  
23 are min/max, well, then the -- the price to do  
24 those 80 goes up to this 8,200 work hours that  
25 you're -- that's on the exhibit there.



1           Basically that's 120 work hours per case.  
2           So -- so we created these options. I think  
3           that was one of the things I was requested in  
4           one of our last meetings. And so you can get a  
5           feel for, you know, where we can go and really,  
6           you know, we're looking for guidance from --  
7           from you folks on -- you know, on -- on how  
8           you'd like to proceed.

9           **DR. ZIEMER:** This is Ziemer. The Board has  
10          already kind of indicated that we want to move  
11          in the direction of best-estimates as much as  
12          we can.

13          **DR. MAURO:** Okay.

14          **DR. ZIEMER:** Does everybody agree that that's  
15          where we were moving anyway? Mark, I think  
16          you've been kind of championing that right  
17          along, too, have you not?

18          **MR. GRIFFON:** Yeah, yeah.

19          **DR. MAURO:** Okay. Well --

20          **MR. GRIFFON:** It is a question of the ca-- case  
21          availability, too, though. I know that we --

22          **DR. ZIEMER:** Case availability comes into play  
23          --

24          **MR. GRIFFON:** Yeah, right.

25          **DR. ZIEMER:** -- and I think when -- when John

1           says "mostly" here, it sounds like he's talking  
2           about 25 percent of them would only be best  
3           estimates. He said 20 and 60 --

4           **DR. MAURO:** No, no, the opposite. In other  
5           words --

6           **DR. ZIEMER:** Or -- yeah --

7           **DR. MAURO:** -- it would be --

8           **DR. ZIEMER:** -- 75 percent would be --

9           **DR. MAURO:** Right, other words, it would be --

10          **DR. ZIEMER:** But whether -- whether we have  
11          that many available would be a question.

12          **DR. MAURO:** Uh-huh.

13          **MR. GRIFFON:** Right.

14          **DR. ZIEMER:** And one other -- one other thing  
15          I'll just point out in terms of our own  
16          pattern. For example, there is an  
17          intermediate point here that one could go to  
18          and that is 60 cases, mostly best estimates.  
19          Be a little less than the 80 case and a little  
20          more than the 55 case, and that might be  
21          another option you haven't included, and I  
22          assume that proportionately the cost would be  
23          somewhere --

24          **DR. MAURO:** Yeah.

25          **DR. ZIEMER:** -- between those two numbers, but

1           that might be an option the Board could  
2           consider, too. It would give us some savings  
3           over the 80 case, but would still meet the  
4           intent of the Board and would stick with our  
5           number pattern.

6           **DR. MAURO:** Uh-huh. Yes. And I think the  
7           costing is pretty straightforward. I've almost  
8           got it down -- everything's really a unit cost,  
9           we --

10          **DR. ZIEMER:** Yeah, yeah, yeah.

11          **DR. MAURO:** -- so yeah, we could -- I mean if -  
12          - if that -- if you'd be interested enough to  
13          revise this --

14          **DR. ZIEMER:** Well, I just put this in the  
15          hopper for the moment for the Board to think  
16          about, as well as --

17          **DR. MAURO:** Okay.

18          **DR. ZIEMER:** -- maybe another option.

19          **DR. MAURO:** Sure.

20          **DR. MELIUS:** John, I think you're trying to  
21          sell us 110 rotten fruit.

22          **DR. MAURO:** You don't like my --

23          **DR. MELIUS:** (Unintelligible) go for that one.

24          **DR. MAURO:** Okay.

25          **DR. MELIUS:** I have a -- a separate concern I

1           want to raise and -- and that's sort of who has  
2           the discretion. I'm a little concerned that --  
3           about the Board delegating the discretion on  
4           what needs to be reviewed in cases to -- to our  
5           contractor totally 'cause I think that sort of  
6           leaves us uninvolved and I think also I'm not  
7           sure we should be giving them that discretion  
8           'cause I think we're some way expected to, you  
9           know, certify that (unintelligible) of this  
10          review was proper and that we've -- fully  
11          addressing the program. I understand that --  
12          the concept and I understand the -- the amount  
13          of time that can be productively spent if it's  
14          spent, you know, going in detail through a set  
15          of calculations, you know, that -- you know,  
16          where you're really not likely to find any  
17          particular issues are not really helpful to  
18          auditing that. I -- I would just think that if  
19          we want to implement that concept that we need  
20          to have a mechanism for the Board to have input  
21          into what gets reviewed (unintelligible) --

22       **DR. ZIEMER:** Let me comment on that, too, Jim.  
23       I think it's a good point and I was thinking  
24       that the reviewer would make that -- it becomes  
25       a discretionary thing because it's as he gets

1           into the case he'd say okay, I will sample -- I  
2           don't have to sample every year but I'll do  
3           every other year, whatever -- whatever it is he  
4           decides to do to sort of shorten the process.  
5           But then when it comes time to present that to  
6           the review team of Board members for that case,  
7           he would basically say -- or she would  
8           basically say -- this is what I've done. I  
9           haven't looked at these years or I have looked  
10          at these years; is that okay or should I go  
11          back and do some -- some additional things or -  
12          - in other words, I think the Board members  
13          could input that, even sort of after the fact,  
14          because they have that opportunity during the  
15          review process.

16       **DR. MELIUS:** I was thinking the same thing as a  
17       potential approach, Paul. I -- I think what we  
18       have to then keep in mind is that in some ways  
19       that would be -- you know, same thing we do  
20       with a site profile, sort of a revision -- time  
21       involved there. We may be asking them to go  
22       back and -- and spend more time than they, you  
23       know, probably do now responding to Board  
24       comments about the individual cases.

25       **DR. ZIEMER:** Yeah, but the alternative is that

1           you get them in advance and say okay, here's --  
2           here's what we want you to look at, and that's  
3           --

4           **DR. MELIUS:** That's hard, and I was thinking  
5           well, as an alternative, put sort of a priority  
6           set of -- of types of things that need to be  
7           looked at. But I think that that is --

8           **DR. ZIEMER:** Well, my understanding -- if I  
9           understand this correctly on -- and this only  
10          applies, I think, to the min/max cases, does it  
11          not? The -- the shortened stuff? Is that  
12          rather than look at every line of every year,  
13          you would -- the reviewer would, you know, may-  
14          - maybe if there's 30 years of data, they would  
15          look at 15 years of that or something, and if  
16          everything matched up they'd say okay, I don't  
17          have to look at every line. Hans or Kathy, is  
18          that what we're talking about on this  
19          discretion?

20          **DR. BEHLING:** Yeah, I would say perhaps there  
21          are any number of areas where discretion would  
22          come into play. You're just touching one of  
23          them. But let me also point out a couple of  
24          other instances.

25          For instance, we will possibly be getting dose

1           reconstructions that were performed let's say  
2           two years ago when in fact a -- the TIB 8 and  
3           10 revisions had not yet been made and we would  
4           identify problems that we've already  
5           encountered in the first 80, in which case  
6           we've already resolved many of the issues by  
7           having a dialogue through the resolution  
8           process with -- with NIOSH and therefore we  
9           would only be wasting our time to regurgitate  
10          areas of concern that have already been  
11          identified in previous dose audits and have  
12          also been possibly resolved by this time,  
13          except that we may be getting dose  
14          reconstructions that are two or three years old  
15          and therefore we would find recurrent problems  
16          --

17       **DR. ZIEMER:** Things you've already identified.

18       **DR. BEHLING:** Yeah, that have already been  
19          identified, have already been resolved, for  
20          that matter, because of revisions to TIBs, et  
21          cetera, and we would simply not want to waste  
22          an awful lot of time in writing up findings  
23          that have no meaning at this point in time.

24       **MR. GIBSON:** This is Mike. It seems to me,  
25          though, also -- and I agree that, you know, the

1           best estimate dose reconstructions should  
2           probably be the priority, but even on the  
3           min/max, that's still based -- at least as far  
4           as my understanding -- basically on the site  
5           profile, too. And if there's still some  
6           questions about the site profile, what does  
7           that do about the bounding dose estimates?

8           **DR. BEHLING:** Well, oftentimes, Mike, some of  
9           the maximized dose reconstructions are  
10          oftentimes employee -- complex-wide procedures,  
11          so the use of the TBD is frequently limited to  
12          only select areas. For instance, occupational  
13          medical exposures are different from the -- the  
14          TIB that is a complex-wide one they would --  
15          might use. But generally speaking, when you  
16          talk about a maximized dose reconstruction,  
17          overestimates are obviously the rule here and -  
18          - and frequently they don't necessarily involve  
19          very -- very specific information that is  
20          commonly found in site profiles.

21          **MR. GIBSON:** So if I'm understanding you right,  
22          it -- there could still be -- if the site  
23          profile is -- is flawed in some way, there  
24          still could be missed dose. I mean --

25          **DR. BEHLING:** There's no doubt, Mike. In fact,



1           what happens oftentimes is that when we get a  
2           dose reconstruction, the first thing I usually  
3           do is to look at the reference slip and define  
4           even which site profile or TIB was used and  
5           then match the values against that one, and if  
6           it turns out we're at zero, we naturally go  
7           back to the particular revision of a TIB or a  
8           TBD that was used during the dose  
9           reconstruction, and if there have been  
10          subsequent revisions, we don't really look at  
11          that necessarily unless we see that there was a  
12          significant change to that TIB or TBD. But  
13          generally speaking, we -- we -- we audit  
14          against the references that are cited in the  
15          dose reconstruction and the revisions that  
16          those particular documents involve.

17       **MR. GIBSON:** Okay. And I'm not trying to be  
18       argumentative with you, Hans, I -- I appreciate  
19       your work. What I'm saying is if the site  
20       profile document does not include all items or  
21       -- or actions or isotopes throughout the site  
22       because the people in charge of running the  
23       program created the document and there was not  
24       input from the workers, then how do we know  
25       it's a bounding estimate?

1           **MS. BEHLING:** Mike, this is Kathy Behling.  
2           Maybe I can answer the question. I think what  
3           NIOSH is doing, and NIOSH can respond to this,  
4           but as we find significant issues that are site  
5           profile type issues, if they're going to impact  
6           cases, NIOSH will go back to those cases -- and  
7           in fact I believe they've been issuing PERs,  
8           Program Evaluation Reports -- and they will go  
9           back and -- and pull out all of those cases  
10          that may be affected by any significant change  
11          that is being introduced into the site  
12          profiles. Is that correct, NIOSH?

13          **MR. HINNEFELD:** This is Stu Hinnefeld, and yes,  
14          that's correct.

15          **DR. MAURO:** Kathy, I think Mike is saying that  
16          what -- what do we -- where -- where do we --  
17          how do we deal with the fact that we're looking  
18          at a case -- let's say it's a Hanford case.  
19          Now right now we have a number of issues  
20          related to neutron dosimetry related to  
21          Hanford. We do a review of a Hanford case and  
22          we -- we have our report -- now we have a lot  
23          of those. And -- but meanwhile there is some  
24          question related to the adequacy of neutron  
25          dosimetry at Hanford in the early years. The

1           question becomes -- I -- I think it's a -- a  
2           really good question -- can we provide  
3           meaningful critique of a particular case, say a  
4           Hanford case --

5           **DR. BEHLING:** Let me respond to that.

6           **DR. MAURO:** Sure.

7           **DR. BEHLING:** As you know, John, I was very  
8           much involved in reviewing the Hanford TBD with  
9           regard to neutron doses and I found certain  
10          things that we identified as findings. Right  
11          now we're not necessarily making a major issue  
12          out of -- out of these kinds of TBD findings,  
13          even though I'm aware of them, because we  
14          cannot hold the dose reconstructor accountable  
15          for things he's not even aware of. Now I would  
16          hope that when the findings are addressed by  
17          means of a dialogue between us and -- SC&A and  
18          NIOSH and we prevail in our findings, that they  
19          would again issue a PER that would once again  
20          look at those cases where neutron doses were a  
21          critical component in the person's dose  
22          reconstruction and therefore make amendments in  
23          those instances where these deficiencies would  
24          in effect have some impact on previous dose  
25          reconstructions that were done at a time when

1           these findings were potentially existing.

2           **DR. WADE:** And then -- that's correct, Hans.

3           **DR. BEHLING:** So in order to -- to finalize my  
4           -- my point to Mike, our dose audit -- dose  
5           reconstruction audit will not necessarily deal  
6           prematurely with findings until those findings  
7           have been reviewed by NIOSH and we come to some  
8           form of resolution which, if it turns out that  
9           SC&A prevails in our findings, then it is  
10          really NIOSH's obligation to go back and see  
11          which potential dose reconstructions might have  
12          been adversely affected. Not saying that  
13          necessary all dose reconstructions will be  
14          reviewed, but -- for instance, let's assume  
15          that a prostate cancer has a POC of ten  
16          percent. They may, on a judicious basis,  
17          decide that even if the finding prevails, the -  
18          - the likelihood of converting that ten percent  
19          POC to 50 percent is improbable or highly  
20          improbable and therefore not necessary go back.  
21          But at least there will be some attempt on the  
22          part of NIOSH to look at those cases that could  
23          potentially be impacted and perform a -- a re-  
24          evaluation of that dose reconstruction.

25          **MR. GIBSON:** So Hans, this is Mike again --

1           Hans, do you guys or does NIOSH -- do you have  
2           a list of the sites -- of all the sites where  
3           there is a Program Evaluation Report?

4           **DR. BEHLING:** We get the PERs as they're being  
5           issued and -- and we have looked at those and  
6           at this point they're -- we have not done  
7           anything about that in the sense where we have  
8           the -- the lead in revisiting dose  
9           reconstructions that might be impacted. I  
10          believe that's really something that NIOSH has  
11          to address.

12          **MR. GIBSON:** Yeah, let me ask NIOSH that  
13          question. Is -- is there a --

14          **DR. ZIEMER:** Can -- Lew, can you or --

15          **MR. HINNEFELD:** Yeah, this is Stu. Was the  
16          question is there a list of Program Evaluation  
17          Reports or sites with Program Evaluation  
18          Reports; is that the question?

19          **MR. GIBSON:** Right, and are they issued -- are  
20          they made available to the public or is it --

21          **MR. HINNEFELD:** Well, there have been a couple  
22          that have been issued and --

23          **DR. NETON:** They're in our list of completed  
24          documents that SC&A would have access to  
25          because they're part of our document control

1           system. We don't normally make them available  
2           to the public. In the very early goings they  
3           contained essentially Privacy Act-related  
4           information, although we certainly can -- can  
5           do that with some judicious redaction or  
6           writing of those documents.

7           **MR. GIBSON:** And -- and obv-- I mean they've  
8           not been made available to the Board. Right?

9           **DR. NETON:** I believe we have discussed a few  
10          issues related to PERs with the Board, such as  
11          the -- the change in the lymphoma target organ  
12          and the change in the cancer risk models for  
13          lung cancer that we did. Those are Program  
14          Evaluation Reports under -- under way and we do  
15          present those to the Board as they arise. But  
16          those reports have not been completed as of  
17          yet.

18          **MR. GIBSON:** So there is or is not a list of  
19          the sites where these things have been issued?

20          **DR. NETON:** There is in our controlled document  
21          set a -- the completed PERs are there. They're  
22          a list -- they're issued as part of our normal  
23          controlled document system. We've only brought  
24          to completion -- I don't recall exactly, but  
25          several. They are there. We have not provided

1           hard copies to the Board, if that's the  
2           question.

3           **MR. GIBSON:** Okay. But does SC&A have all of  
4           those?

5           **DR. NETON:** SC&A, through our controlled  
6           procedures system, should have access to those  
7           documents, yes.

8           **MR. GIBSON:** Okay.

9           **DR. MELIUS:** Can -- can I ask a question about  
10          this task? What happened to basic, advanced  
11          and blind reviews? Is this proposal replacing  
12          those or what are we doing?

13          **DR. MAURO:** Blind reviews have sort of  
14          disappeared from the horizon. We have not been  
15          requested to perform any blind reviews, and as  
16          you may notice, that -- this document is silent  
17          regarding blind reviews. Second, regarding  
18          this thing of basic versus advanced, I think  
19          the distinction is -- is not real between a  
20          basic and advanced, even though -- when you --  
21          in the end, the types of audits we're doing  
22          probably represent everything you really can do  
23          in an audit. I mean -- and the distinction  
24          between a basic and advanced review -- I think  
25          it's -- it was one that was -- in theory, but

1           in practice, to carry an analysis to an  
2           advanced review would mean doing things that  
3           are more akin to what you do in a site profile,  
4           which are very large investigations. So in  
5           effect, I think -- I mean to be very frank, I  
6           think that the reviews we're doing right now  
7           represent everything you can do in an audit  
8           without carrying it into a point where you're  
9           effectively doing something that is more  
10          appropriately done under a site profile review.  
11          So --

12       **MR. GRIFFON:** But -- but John -- John, part of  
13       the reason for that distinction early on was  
14       that a lot of these sites -- a lot of the cases  
15       that you're going to come across may not have  
16       site profiles, the smaller sites. We're going  
17       to get -- you know, we select these and part of  
18       the reason we select them is that, you know,  
19       this is, you know, basically going to end up  
20       being the site profile review for these sites  
21       because there's no site profile. So if we want  
22       to know how they did recon-- reconstructions --

23       **DR. MAURO:** Well, I --

24       **MR. GRIFFON:** -- at a certain small facility,  
25       then --



1           **DR. MAURO:** Well, you know --

2           **MR. GRIFFON:** -- this is it. This is your --

3           **DR. MAURO:** You know, Mark, you're right. I'll  
4 tell you why, 'cause I'm -- I experienced it  
5 first-hand. I am currently reviewing a case  
6 from MIT, and I'm -- and I'm in the funny  
7 position that there really is no information  
8 readily available regarding the -- the site,  
9 what was going on there, there's no -- I was  
10 unable to track down any references except for  
11 a book that written by -- I guess it was a  
12 professor, a Professor Hardy. I think this is  
13 a good -- a -- really this is important.

14          **MR. GRIFFON:** Well, you're doing drill-downs,  
15 basically.

16          **DR. MAURO:** So I -- I'm getting my hands on  
17 that book. I'm -- I -- I made a request to the  
18 -- I guess it was through MIT, there was  
19 actually a web site where I could order the  
20 book, which would give me the history of this  
21 particular operation that took place in -- at  
22 MIT where they were handling uranium for  
23 research for fuel rods for submarines. And to  
24 get to the point, I think you're right and I  
25 guess I'm wrong, there -- there are sites where

1           there are no site profiles, where that's -- I  
2           think I -- that's where the advanced reviews  
3           make sense to me. That is, where you really --  
4           where the digging has to be done because  
5           there's -- the only person that's going to do  
6           the digging is the guy reviewing the case.  
7           There's no digging going on on a -- on the site  
8           profile and -- and so from that respect, I -- I  
9           -- I stand corrected. And I am in fact doing -  
10          - I guess you have to say I am doing an  
11          advanced review on that particular case because  
12          I have no alternative.

13       **MR. GRIFFON:** Right. And on -- on the other  
14       ones, I think we're -- we're hoping and -- and  
15       it doesn't always work out that way, but part  
16       of the hope of the process was that, you know,  
17       by doing these things in parallel that you --  
18       the dose reconstructing -- the dose  
19       reconstruction reviewers, Hans and Kathy  
20       primarily so far, but -- and -- and you, could  
21       benefit from the site profile reviews that were  
22       already in process, you know, that --

23       **DR. MAURO:** Right.

24       **MR. GRIFFON:** -- they're -- they're doing the  
25       drill-down sort of and you -- and what the DR

1 teams would benefit from that so we don't need  
2 to duplicate efforts. But you know, you're  
3 getting at the same kind of subtask there.

4 **DR. MAURO:** I have to say that I've always been  
5 stressed by -- geez, how am I going to deal  
6 with the blinds, the -- the two blind cases  
7 that we've never really done --

8 **MR. GRIFFON:** Yeah.

9 **DR. MAURO:** -- and we haven't been asked to do  
10 one, and second, you know, we're really not  
11 doing this advanced versus basic. I mean we --  
12 we talk about it. We've even had sessions on  
13 it during one of the full Board meetings, but -  
14 - and -- and it wasn't really -- in other  
15 words, the case -- and I've always been sort of  
16 scratching my head saying what will we do, here  
17 we're doing -- let's say we're doing a Hanford  
18 or Savannah River and with -- and you know --  
19 and we're saying well, you know, what more  
20 would we do here that might be worthwhile. And  
21 I had mentioned this at one of the meetings,  
22 it's not until you're into it that you think  
23 here's a place where we've got to do a little  
24 bit more advanced work. And if -- if it's --  
25 if there's a site profile review going on on

1           that one, well, then the answer is you say  
2           well, let's go -- you know, that's where the  
3           hook is. But now, I'm in the middle of many  
4           AW-- well, this is not an AWE, but there are  
5           AWEs and there's also this MIT case that I just  
6           did a couple of days ago and -- and I'm  
7           digging. I mean I have to go get some more  
8           books that normally I wouldn't have to do. It  
9           would be on the O drive or would be a document  
10          available on one of the procedures. Here's a  
11          case where the document -- I have -- I'm trying  
12          to chase it down. I'm not sure --

13       **MR. GRIFFON:** Right.

14       **DR. MAURO:** -- whether it's going to be  
15          productive or not and I don't know -- and  
16          here's a case where yes, without even realizing  
17          it I'm moving into an advanced review mode.

18       **DR. ZIEMER:** Well, I think we've had these  
19          conversations before, and at one time I think  
20          we determined that probably we never did  
21          anything that -- that matches to what we  
22          originally thought a basic review would look  
23          like, and most of the things that you've done  
24          are closer to what we thought of as an advanced  
25          review. In order to do a blind review, we have

1 to change our selection process because you  
2 can't know in advance the POC.

3 **DR. MAURO:** Yeah.

4 **DR. ZIEMER:** And we've never given you any  
5 cases where you were -- that that wasn't part  
6 of the selection process, I don't believe. So  
7 if we want to do the blind cases, then I  
8 certainly think that's a question we still need  
9 to ask, whether we want to do that. We need to  
10 select some where -- where the outcome is not  
11 known in advance for the contractor to work  
12 with.

13 **DR. MAURO:** Yeah, this -- this proposal does  
14 not contain that.

15 **MR. GRIFFON:** Right, right.

16 **DR. BEHLING:** And let me also make a comment on  
17 that issue. However, for us to do a blind dose  
18 reconstruction, we're going to need an awful  
19 lot of training that we have never had. And  
20 that is basically training involving how to use  
21 some of the available information that is used  
22 currently by dose reconstructors who've had the  
23 benefit of extensive in-house training and --  
24 and at this point in time I would only want to  
25 warn everyone that we are at this point not

1           prepared to do blind dose reconstruction  
2           without the benefit of extensive amount of --  
3           of training how to use some of the tools  
4           available and the computer methods used to  
5           generate these -- these different models,  
6           everything from statistical -- Crystal Ball  
7           methods, et cetera. So if blind dose  
8           reconstructions are to be appropriate in the  
9           future, we're going to need an awful lot of  
10          training.

11       **DR. MAURO:** I'd like to add a little bit --  
12       some thing to that. This is an interesting  
13       perspective, which is a little bit different  
14       than yours, Hans. A blind dose reconstruction  
15       could be one where -- you know, we're provided  
16       with all of the records of -- for a case,  
17       here's all the -- the dosimetry and -- for this  
18       worker. And then we are given the freedom --  
19       or SC&A's given -- that's it. We're given the  
20       freedom to do it the way we think is the best  
21       way to do it --

22       **DR. ZIEMER:** Yeah, you don't need to know what  
23       the --

24       **DR. MAURO:** Right --

25       **DR. ZIEMER:** In fact, shouldn't know what the

1           dose reconstructor did.

2           **DR. MAURO:** Right, but -- you know, so the fact  
3           that there may exist some sophisticated Monte  
4           Carlo workbooks for dealing with the datasets  
5           and dealing with the bioassay records or -- or  
6           whatever, I would argue that -- this is  
7           something we should talk about now, I think  
8           it's important. I would say that blind dose  
9           reconstructions can go forward whereby we're  
10          giving our lead -- listen, here's this guy's  
11          case. You've been doing audits now for a  
12          couple of years; do a dose reconstruction for  
13          this guy and use all the skills you have at  
14          hand and all the knowledge you have in-house  
15          based on those two years of experience. You  
16          don't necessarily have to follow every  
17          procedure that was ever written or use every  
18          work-- I'm more -- more concerned about the  
19          workbooks, 'cause we're familiar with all the  
20          procedures but we're -- we're certainly not  
21          familiar with all the workbooks. You don't  
22          have to necessarily use the workbook tools that  
23          let's say draw upon sort of sophisticated Monte  
24          Carlo treatment of a problem. Do it the way  
25          you feel is the way that will give you -- that

1 will meet the intent of the rule. Okay? And  
2 it may be something different than the way in  
3 which NIOSH is doing it. And I think that  
4 that's certainly doable. So Hans, I'm looking  
5 at it a little different than you are.

6 **DR. BEHLING:** Well, the question I have, John,  
7 is what is the objective of doing it then?

8 **DR. WADE:** Yeah, what's the worth of that?

9 **DR. BEHLING:** I think the objective, at least  
10 from my point of view, would be to essentially  
11 do an independent dose reconstruction using the  
12 various procedures -- in fact the exact  
13 procedures -- that a dose reconstructor would  
14 use and make use of since they've been approved  
15 and reviewed and scrutinized and looked at. If  
16 we do a very independent one and a simplistic  
17 one and we end up different, what is the --  
18 what is the benefit for doing this?

19 **DR. MAURO:** I think that's where the value  
20 lies, quite frankly.

21 **DR. BEHLING:** Well, that's (unintelligible) --

22 **MR. GIBSON:** This is Mike. If I could just  
23 enter here. To me, the blind audit -- it would  
24 not only do away with -- I mean this whole  
25 program was set up because the government



1           admittedly did not correctly monitor workers,  
2           so a blind audit would be to go back to the  
3           basic documentation and the basic, you know,  
4           bioassay data and everything else, it would go  
5           beyond the site profile that was written by  
6           these professionals that worked at these sites,  
7           and it would be for you guys, SC&A, to not  
8           audit NIOSH, but audit the Department of Energy  
9           and how they monitored their peop-- their  
10          workers, their cold war workers. And I think -  
11          - I mean that's -- to me, I think that's the  
12          Board's duty -- I mean is to see that the --  
13          the intent of the overall legislation, and --  
14          and where applicable, compensation to the  
15          worker, is -- is due. It's not necessarily to  
16          audit specifically NIOSH and their contractor.  
17          It's to go back to ground zero, forget the site  
18          profile, forget what -- what -- you know, TIBs  
19          and everything else the dose reconstructors  
20          did, but to see if you guys' blind audit -- to  
21          see if you guys can go back to DOE's stuff and  
22          come back with a legitimate and a -- an  
23          accurate dose -- dose reconstruction.

24       **DR. WADE:** This is Lew Wade. I think that's an  
25       issue that the Board is going to have to

1 discuss, you know, when it has time. I mean  
2 you are an advisory board to the Secretary of  
3 HHS. You have to decide what role you want to  
4 take in your advice to HHS Secretary. Mike  
5 lays out a very clear path. I don't know that  
6 there's time to discuss that to closure. We  
7 can certainly put that on the agenda for the  
8 next face-to-face meeting. That's not what  
9 SC&A has been doing to this point. If it is  
10 the Board's desire to cons-- to consider that,  
11 then I think we need to take that up as a  
12 separate discussion.

13 **DR. ZIEMER:** Certainly a different line audit  
14 than we had talked about originally, and maybe  
15 something that could be considered. It would -  
16 - I think would be a different name. We had  
17 definitely talked about a blind audit of the  
18 NIOSH dose reconstruction procedures, and I  
19 think Jim Melius's question is have -- are we  
20 going to do that or not.

21 **DR. MELIUS:** Right.

22 **DR. WADE:** Mike's question needs to be  
23 addressed, but I don't think we can do it here  
24 in this time.

25 **DR. ZIEMER:** Kind of a separate issue, I think.

1           **MR. GRIFFON:** Blind audit of the cases, I think  
2 we have different interpretations of how you  
3 would do a blind audit of a case.

4           **DR. ZIEMER:** Right.

5           **MR. GRIFFON:** I mean even John and Hans are --

6           **DR. ZIEMER:** Right.

7           **MR. GRIFFON:** Lew, I might offer -- maybe we  
8 can -- maybe the dose reconstruction  
9 subcommittee can -- can look at this scope and  
10 bring back something to the Board -- flesh out  
11 a poss-- you know, some possible approaches.

12          **DR. WADE:** Yeah, certainly I mean --

13          **MR. GRIFFON:** That may be something we can do,  
14 you know.

15          **DR. WADE:** I think that's the appropriate place  
16 to do it. You know, my goal was to try and be  
17 able to -- to do something to keep the contract  
18 running on October 1st, and I don't know if  
19 we're going to get there or not, but we could --  
20 - we should push on and see where we get to.

21          **DR. MELIUS:** Well, perhaps that can be  
22 considered as a modification at -- at some  
23 point 'cause I think it's -- it frankly should  
24 have been in this proposal and it wasn't, and  
25 I'm not sure quite why, but I think we need to

1           -- it's a little late now and --

2       **MR. GRIFFON:** Yeah, don't want to hold up work,  
3       but we want to get that in there.

4       **DR. MELIUS:** Need to get that in there and --

5       **DR. ZIEMER:** Yeah. Actually the way this is  
6       written, it doesn't exclude blind audits. It  
7       just doesn't speak to them.

8       **DR. MELIUS:** Yeah, so John Mauro'll have a  
9       heart attack or something, he -- especially if  
10      we hold them to the price here or something.

11      **DR. MAURO:** Well, you know --

12      **DR. MELIUS:** And they will be more expensive,  
13      but to get back to this --

14      **DR. MAURO:** Yeah.

15      **DR. MELIUS:** -- whole approach they're taking  
16      and conversation that -- back and forth that  
17      you and I were having, Paul, about the -- how  
18      to go about managing what they're proposing,  
19      and I guess I'm not -- I guess I can see the  
20      value of them doing, you know, sort of their  
21      selective review and then --

22      **DR. ZIEMER:** Well, at least on the sort of  
23      things Hans is talking about.

24      **DR. MELIUS:** Right, but -- but I would really  
25      like to see a proposal for doing that, that --

1 I think we need to have some --

2 **DR. ZIEMER:** So we know exactly what that  
3 means.

4 **DR. MELIUS:** What they're doing, at least with  
5 the -- I hate to use the word scope, but -- but  
6 with something that outlines the process, what  
7 -- what will they be, you know, doing so that  
8 we -- sure that the breadth and depth of the  
9 audit is appropriate. Then they apply that and  
10 bring it back.

11 **DR. ZIEMER:** Uh-huh.

12 **DR. MELIUS:** At least we would put some  
13 guidelines on -- on what that -- what's being  
14 done and I -- I think it would -- you know --

15 **DR. ZIEMER:** Yeah, I think the dose  
16 reconstruction subcommittee could develop a  
17 recommendation on that.

18 **MR. GRIFFON:** Yeah, it's funny, Jim, that you  
19 should say breadth and depth 'cause that's  
20 exactly what -- I mean I almost see the ap--  
21 the approach moving forward as possibly less  
22 breadth but possibly more depth and -- you  
23 know, 'cause I -- I agree that -- I think one  
24 example that was used earlier was that, you  
25 know, we don't want to have to check every

1           number and make sure, you know, it comes out --  
2           you know, go down the whole list of IREP values  
3           and make sure every one is in agreement. On  
4           the other hand, you might want to chase back  
5           something further than has been done in past  
6           audits and -- you know, to -- to -- basically,  
7           for example, to -- not only to see what  
8           assumption was used, but to -- to question the  
9           assumptions, you know, and -- especially on  
10          those where there's no site profile document.  
11          I see that would be, you know, useful, so --  
12          so...

13         **DR. MELIUS:** And -- exactly, I agree. Mark. I  
14         think that's (unintelligible) we need to get  
15         and still having a -- but having some sort of  
16         guidelines for how that would be done, and I  
17         think certainly that would be something that  
18         SC&A could propose to the -- you know, do a  
19         draft of how they view the process and then to  
20         the -- that workgroup and -- or subcommittee,  
21         whichever it is by then, and then, you know,  
22         work it up from there to the full Board for  
23         discussion.

24         **MR. GRIFFON:** That sounds good.

25         **DR. WADE:** Okay. Can we go on to Task V?

1           **DR. MAURO:** Yes, I have it in front of me, and  
2           -- and let me just say a quick word.

3           **UNIDENTIFIED:** John --

4           **DR. MAURO:** I like -- I like the idea that  
5           we're having this conversation. I'm glad these  
6           proposals are stimulating -- you know, we're  
7           really being very introspective right now about  
8           -- and this is a (unintelligible) function, so  
9           this is good.

10          **DR. BEHLING:** Yeah, let me -- let me make one  
11          more point here and I'll try to make it short.  
12          I -- I appreciate Mike's recommendation that a  
13          blind dose reconstruction should start without  
14          any bias towards what is currently being done  
15          by NIOSH. On the other hand, you could never  
16          completely divorce yourself from documentation  
17          that is in place. And let me give you an  
18          example. You couldn't, for instance, assess  
19          bioassay data without knowing what the MDA  
20          values are for -- for a given bioassay that  
21          involves uranium or plutonium and the  
22          methodologies that were used to come up with  
23          those numbers that DOE has available for us in  
24          terms of a bioassay data or in terms of -- of  
25          film or -- or TLD. If you don't know what the

1           LOD values were, how do you deal with missed  
2           dose if you don't know which film dosimeters  
3           were used and what the values were, and so you  
4           could never completely remove yourself from DOE  
5           documents -- I mean NIOSH documents, whether  
6           it's a TIB or a TBD, you just -- no matter how  
7           far you want to remove yourself from bias,  
8           somewhere along the line you still have to use  
9           documents that are part of the dose  
10          reconstruction process used by NIOSH.

11       **MR. GIBSON:** And -- and Hans, this is Mike. I  
12       understand what you're saying, but -- and I --  
13       I'm certainly not criticizing you guys. All  
14       I'm saying is the -- and I know it would take a  
15       lot more resources to do this, and again, as  
16       Dr. Wade brought up, this would have to be  
17       brought -- brought up before the Board or  
18       whatever else, as maybe another task or  
19       whatever, but you guys could go in and learn  
20       what the -- the level of detection was. You  
21       guys could learn -- you know, seek the  
22       documentation. I know it's not divorcing  
23       yourself from NIOSH, but it's -- it's kind of  
24       circling NIOSH and just going back to what you  
25       can find from the raw data, and especially



1           leaving what the site experts put in the site  
2           profile behind and seeing what you could find  
3           out about the site, because that, in my opinion  
4           -- and my opinion alone -- is that's where  
5           there's a lot of flaws is in -- is in the site  
6           profiles and things that are assumed to be true  
7           and that workers allege to have happened.  
8           That's all I'm saying.

9           **MR. PRESLEY:** Hey, Paul, this is Bob Presley.

10          **DR. ZIEMER:** Yeah.

11          **MR. PRESLEY:** I've got a doctor's appointment  
12          at 4:00 o'clock --

13          **DR. ZIEMER:** Okay.

14          **MR. PRESLEY:** -- I've got to go to. If you  
15          need me for a vote could you call me on the  
16          cell phone at 865-216-9013?

17          **DR. ZIEMER:** 865--

18          **MR. PRESLEY:** 216--

19          **DR. ZIEMER:** 316 (sic) --

20          **MR. PRESLEY:** I'm sorry, 216-9013.

21          **DR. ZIEMER:** 216-9013.

22          **MR. PRESLEY:** Right.

23          **DR. ZIEMER:** Got it.

24          **MR. PRESLEY:** Thank you, sir.

25          **DR. ZIEMER:** Thank you.

1           **DR. WADE:** Okay. Well, let's try and deal with  
2 Task V and VI and then see what we have at --  
3 at the end of this.

4           **DR. MAURO:** Yeah, I'll move out real quick on  
5 this. On Task V, which is SEC petition  
6 reviews, basically SC&A was requested to  
7 provide a cost estimate to review six SEC  
8 petitions. In our -- in the request, a  
9 distinction was made between ones with and ones  
10 without a site profile. I did something --  
11 something very simple here. We have experience  
12 now with the SEC petition reviews. We did  
13 Ames, Y-12 and -- and we're in the middle of  
14 Rocky, and the -- and the existence of a site  
15 profile or not is -- is not a key factor. It  
16 sounds kind of crazy, it's certainly helpful,  
17 but it -- there's so many uncertainties that  
18 drive the cost of these things. We -- we did  
19 Ames in under -- under 400 work hours and Rocky  
20 is pushing I believe 2,000 work hours right now  
21 on SEC. So I mean -- and there's -- and  
22 there's no predicting that it was going to go  
23 that way. I think the reason it went that way  
24 is Ames was one that was -- it was -- the  
25 evaluation part in the end came out in favor

1           and -- and at Rocky is -- is a much more  
2           complex problem. And so what I've done is  
3           something very simple. I simply said we're  
4           going to allocate 1,000 work hours per SEC  
5           petition review report, and just keep it that  
6           simple. And -- and then as the site profiles  
7           move through the process -- well, you know, of  
8           course we -- we keep track of what things cost  
9           and -- and over the six that are done, there's  
10          no doubt some of them are going to be  
11          relatively inexpensive and others are going to  
12          be a lot more complex, and there's just no  
13          predicting and so I just went ahead and used  
14          1,000 work hours based on the experience we've  
15          had with Ames, Y-12 and Rocky. So that's what -  
16          - that's how we did that price.

17         In the letter that we received from you folks  
18         you also asked us to support four full Board  
19         meetings and to support I believe for working  
20         group meetings. For the full Board meetings I  
21         assigned no level of effort, no cost, because  
22         all of the Board meetings are a part of project  
23         management so they're covered in the project  
24         management cost and -- but I did set aside some  
25         resources to support the subcommittee meetings

1           that would be certainly associated -- four  
2           subcommittee meetings I believe you requested  
3           for the -- to support the SEC closeout process,  
4           so that was 240 work hours. So the -- the  
5           bottom line is to -- to provide the Board with  
6           the support of SEC -- six SEC petitions and --  
7           and associated closeout meetings. For -- for  
8           working group meetings I -- I've allocated  
9           6,240 work hours. And the -- the -- a lot of  
10          uncertainty in terms of how much -- and the  
11          individual ones would come -- will -- will  
12          cost, but I think that there's always going to  
13          be some trade-offs between -- so they would be  
14          -- average out and -- and I feel comfortable  
15          that this is a good place to start.

16       **DR. ZIEMER:** Okay. And then Task VI is your  
17       (unintelligible) --

18       **DR. MAURO:** Task VI is the same as it was last  
19       year.

20       **DR. ZIEMER:** Yeah.

21       **DR. MAURO:** So nothing new there, same type of  
22       support, same level of effort. And it turns  
23       out that that budget is working out right on --  
24       right on the button. That is, our actuals are  
25       coming in right where we predicted and so there

1 is no reason to make much of a change to the --  
2 the budget to do the same thing next year.

3 **DR. LOCKEY:** Jim Lockey, I'd ask a question  
4 about the four subcommittee meetings. Is --  
5 you think that's adequate? Is that what it's  
6 been historically or -- sounds like -- it feels  
7 like, to me anyway, the scope of work of this  
8 committee is increasing.

9 **DR. ZIEMER:** That's four for each case?

10 **DR. MAURO:** No, a total of four -- or six.

11 **DR. MAKHIJANI:** This is Arjun, these -- John  
12 might be referring to the subcommittee meetings  
13 that happen just before the Board meetings, and  
14 not working groups.

15 **DR. LOCKEY:** Is that what you're referring to?

16 **DR. MAURO:** Unfortunately, I priced these out  
17 as if they were separate meetings, not part of  
18 the Board meetings. If they were part of the  
19 Board meetings, they would not have any cost.  
20 What I --

21 **DR. ZIEMER:** You're talking about the  
22 workgroups then, not --

23 **DR. MAURO:** I'm talking workgroup, yeah. Yeah.  
24 Although Arjun's correct, it's labeled  
25 subcommittee. When I priced this out, I just

1           simply assumed that the -- there would be  
2           meetings separate than the four --

3           **DR. ZIEMER:** These are four meetings, for  
4           example, in Cincinnati then.

5           **DR. MAURO:** Exactly. I priced out that we  
6           would -- to support the six SEC petition  
7           reviews there would be -- that this is what  
8           would -- how I interpreted the instructions.  
9           Perhaps I should have given you folks a call.  
10          That there would be four working group meetings  
11          to support those six -- that would be held in  
12          Cincinnati and --

13          **DR. ZIEMER:** Sometimes these overlap -- you can  
14          cover a couple --

15          **DR. MAURO:** Yeah, yeah.

16          **DR. ZIEMER:** -- of topics in one trip and --

17          **DR. MAURO:** Yeah, and you'll notice in Exhibit  
18          1 I -- I did them subcommittee meetings because  
19          that's what they were called in the request,  
20          but quite frankly, I priced them out as --  
21          whether you call them subcommittee or call them  
22          working group, I priced them out as a separate  
23          trip.

24          **DR. ZIEMER:** Yeah. And basically using  
25          Cincinnati in each case for the --

1           **DR. MAURO:** Exactly, just for pricing purposes,  
2           right.

3           **DR. ZIEMER:** Other questions on any of the --  
4           any of the tasks now?

5                               (No responses)

6           Now Lew, I think you were hoping that we would  
7           at least get some preliminary actions --

8           **DR. WADE:** Well, I have a proposal to make --

9           **DR. ZIEMER:** Yeah, go ahead.

10          **DR. WADE:** -- if you would allow me to.

11          **DR. ZIEMER:** You bet.

12          **DR. WADE:** You know, hearing and appreciating  
13          all of the discussion, I guess I would ask the  
14          Board's concurrence on Task I to allow David  
15          Staudt to go ahead and put a task in place that  
16          would allow SC&A to pursue its -- its re-review  
17          of Savannah River Site and also to proceed with  
18          all of the closeout activities that's underway,  
19          but we'll leave open the issue of other site  
20          profiles and other re-reviews until we can make  
21          a more complete evaluation and present it to  
22          the Board of where we stand in terms of ongoing  
23          closeout activities and what that might do to  
24          affect the budget. So we would -- we would be  
25          really doing nothing but Savannah River Site

1           and continuing with all the closeout  
2           activities. That's on Task I.

3           On Task III I think there was general agreement  
4           with letting SC&A move forward.

5           On Task IV, this is the most complex, I would  
6           ask that the Board allow for SC&A to begin  
7           another group of 20 reviews. There would be no  
8           discretion built in, unless and until the  
9           subcommittee decides what that discretion would  
10          be. We would be asking SC&A for a proposal as  
11          to how it would exercise its discretion, but at  
12          this point we'd be -- we'd be empowering them  
13          to do another batch of 20, and it would be  
14          biased towards full dose reconstructions, not  
15          min/max.

16          And Tasks V and VI I think are -- there was  
17          general agreement.

18          So we would back off on Task I and Task IV, but  
19          I would like there to be some activity there so  
20          we don't stop, for example, what's being done  
21          on Savannah River or the closeout activities.

22          And I would like to be able to have SC&A start  
23          the year with another batch of 20 individuals.

24          And my compromise there would be without

25          discretion until there's agreement between SC&A



1           and the -- and the subcommittee on what  
2           discretion is, and let's bias this group  
3           towards full dose reconstructions.

4           So that's a proposal at the 11th hour to try  
5           and get a sense of the Board that I don't think  
6           limit any of the Board's options on the  
7           important questions that it's raised.

8           **DR. ZIEMER:** You've heard the suggestion. Is  
9           there any Board member want to make a motion  
10          that we adapt this suggestion?

11          **DR. MELIUS:** I have a question first.

12          **DR. ZIEMER:** Uh-huh.

13          **DR. MELIUS:** And maybe a modification to that,  
14          to the -- what Lew was proposing. The question  
15          is like -- I don't know if Dave Staudt's still  
16          on the Board --

17          **MR. STAUDT:** (Unintelligible)

18          **DR. MELIUS:** -- (unintelligible) but on the  
19          call -- (unintelligible) we've been on the call  
20          a long time -- but will this -- if we only  
21          approve what Lew -- Lew has mentioned so far,  
22          is that going to get us into any -- if we then  
23          wait until our September meeting to flesh out  
24          the rest -- is that going to get us into any  
25          problems with delaying --

1           **MR. STAUDT:** No, no, not at all. I mean --

2           **DR. ZIEMER:** What about budget requests  
3 overall?

4           **DR. MELIUS:** Yeah.

5           **MR. STAUDT:** If it was me, I would -- I would  
6 take the opportunity to, you know, within the  
7 available funding, it's anticipated  
8 (unintelligible) happens and get -- get it  
9 pretty much under contract, and then that way  
10 Lew can, you know, go forward and ask for some  
11 additional funds. We can always change the  
12 scope and -- and I -- I would -- I would alter  
13 a little bit what Lew suggested. This is mine.  
14 If you wanted to put some more hours into Task  
15 I, because I think the consensus was that there  
16 definitely was not enough hours in there, 150  
17 wasn't going to cut it, but you would like Lew  
18 and I to work with SC&A to put some more hours  
19 in there, and then we could shift some of the  
20 funds away from Task Order IV if you want to.  
21 That's just something to think about until we  
22 can figure out exactly what we want in Task  
23 Order IV. That's kind of your call. But you  
24 do whatever you want right now. We can make  
25 whatever changes, we can get revised proposals

1 back from SC&A and -- and allow Lew and I a  
2 little bit of discretion to -- to get these in  
3 place.

4 **DR. ZIEMER:** Considering the fact that we can  
5 always do revisions in any event, I'm wondering  
6 if it wouldn't be prudent to do what David  
7 suggested and -- and take Task I, up it by some  
8 number of hours, and then -- and then select  
9 one of the options for Task IV, with the  
10 understanding that, you know, we can modify  
11 that, too.

12 **DR. WADE:** That would be preferable if you guys  
13 are ready to do that.

14 **DR. MELIUS:** Yeah, I -- what I was going to --  
15 I'm not going to put this in a motion yet, but  
16 let me see if I can talk --

17 **DR. ZIEMER:** (Unintelligible)

18 **DR. MELIUS:** -- talk through it. One -- one is  
19 that we -- we -- assuming that if I have --  
20 Lew's math here is correct, that -- assuming we  
21 -- we have three -- roughly \$3.5 million --

22 **DR. WADE:** Correct.

23 **DR. MELIUS:** -- put in -- put in this contract,  
24 the -- that we take the -- approve -- you know,  
25 move some more money up to Task I for fully

1 funding that with -- with -- plus some  
2 additional money that we would take from really  
3 Task IV under option 2B, and I think Dr.  
4 Ziemer, you had a -- mentioned that we'd  
5 probably want to get to 60 ca--

6 **DR. ZIEMER:** I was going to suggest 60 cases,  
7 reviewer discretion with -- would hold -- we'd  
8 hold off on that until the workgroup defined  
9 that, but best estimates and I -- I think we  
10 could ask that it be at least funded on a  
11 reviewer discretion basis --

12 **DR. MELIUS:** Yeah.

13 **DR. ZIEMER:** -- with the idea that we're going  
14 to define what that is so that that number is  
15 going to be a little bit larger than the 55,  
16 but there -- it would be enough different from  
17 80 that you could carry money up to Task I.

18 **DR. MELIUS:** Yeah, that -- that -- that was  
19 what I was thinking, too. I -- I think the --  
20 the discretion issue I don't think has to be --  
21 I don't think we need to go through a prolonged  
22 discussion on that, and I actually think it  
23 would -- would be informed by actually applying  
24 it and, you know, getting some feedback from  
25 them -- from SC&A actually doing it on a set of

1 cases, so I don't think we should hold it up  
2 until we have a completely approved procedure.  
3 But I think we can, you know, work with SC&A on  
4 getting that implemented. And we also have  
5 open the issue of blind reviews, also, but --  
6 but I -- I agree with what you've just  
7 proposed, Paul, that we -- we sort of save  
8 enough -- keep enough money in Task IV that  
9 would do roughly 60 cases as you outlined, and  
10 then move the additional funding up into -- to  
11 Task I and -- and really better consideration  
12 of how we should -- if we have adequate hours  
13 in there for all the revisions and so forth  
14 that need to be addressed.

15 **DR. WADE:** Okay. So -- this is Lew again. So  
16 -- and thank you for that clarification. So  
17 starting at the bottom, Task VI as proposed,  
18 Task V as proposed; Task IV we would take  
19 option 2B but set the target at 60, with the  
20 understanding that this issue of discretion  
21 will need to be worked out, we'll realize  
22 certain savings there; Task III we would fund  
23 as is; Task I we would redo by putting some  
24 additional of the saved monies in from Task IV  
25 and try and make more realistic estimates of

1           what it takes to close out and build that into  
2           Task I, understanding that once we do this and  
3           the money's in place, the Board will always  
4           have the opportunity to adjust as it -- as it  
5           sees fit. And then in September we'll try and  
6           have a discussion -- a holistic discussion of  
7           funding that might lead to the Board  
8           recommending increases or decreases or level  
9           funding as it sees fit by addressing some of  
10          the broad issues.

11         **DR. MELIUS:** And I would also add to that that  
12         we should start in September a process to look  
13         particularly at Task I in terms of -- see if we  
14         could plan that pro-- that task out a little  
15         bit better in terms of where NIOSH is with site  
16         profile revisions, new site profiles that  
17         haven't been reviewed yet so we can have a  
18         better understanding how to distribute the  
19         money in there and what's the, you know, proper  
20         mix of -- of old and new and how we're going to  
21         handle that whole area of site profile reviews  
22         'cause I -- I don't think we've planned it out  
23         (unintelligible) moving target, it's difficult  
24         to do that, but I think some discussion in  
25         detail on where NIOSH is with its contractors

1 in terms of site profile revisions would be  
2 helpful.

3 **DR. WADE:** Right, we'll work on that. I mean I  
4 accept that as -- as a very positive suggestion  
5 and we'll -- we'll aim for that presentation in  
6 September.

7 So David, if the Board agrees to what was just  
8 discussed, then you have what you need?

9 **MR. STAUDT:** Absolutely.

10 **DR. WADE:** Okay.

11 **DR. ZIEMER:** Then let me ask for a motion to  
12 that effect, which would -- the motion would be  
13 to proceed as -- basically as just summarized  
14 by Lew, which includes taking Tasks III, V and  
15 VI as they are; on Task IV agreeing to 60 cases  
16 with discretion and best estimate; and then  
17 moving the saved funds up to Task I to increase  
18 the number of hours available for the closeout  
19 activities.

20 Is there a motion to that effect?

21 **MR. GIBSON:** Dr. Ziemer, could I ask -- ask one  
22 more question?

23 **DR. ZIEMER:** You bet.

24 **MR. GIBSON:** This is Mike. Lew, I know the --  
25 the fiscal year ends October 1st and you've got

1           to, you know, get your budget proposals in and  
2           all that. If during the next fiscal year  
3           whatever case arises, whether it's dose  
4           reconstructions, SECs or anything else, can we  
5           as a Board request more money for our  
6           contractor or are they -- are we tied to \$3.5  
7           million or how -- how does that -- can you  
8           explain to me how that works or --

9           **DR. WADE:** You can -- the Board can certainly  
10          request more money. I would think  
11          realistically the -- the possibility of getting  
12          more money would always be best as you approach  
13          a new fiscal year than in the middle of a  
14          fiscal year. But again, the Board could, you  
15          know, ask me to seek additional funding for the  
16          contract and then I would do the best that I  
17          could. I would tell you honestly that I would  
18          likely be more successful aiming for funding  
19          for the next year than I would be seeking  
20          funding in the middle of a fiscal year. But  
21          it's a very political process, obviously, Mike,  
22          and it involves -- it would involve our  
23          negotiations with DOL. It would also involve,  
24          you know, appropriations action and it's not a  
25          trivial activity. But the Board certainly can



1           make its voice clear on this.

2           **DR. MELIUS:** What was the appropriations for  
3           this year, Lew? Do we have a number?

4           **DR. WADE:** I -- I don't have it in front of me,  
5           Jim. I mean I can certainly get it, but I  
6           don't have it in front of me.

7           **MR. GIBSON:** So -- so once -- this is Mike  
8           again --

9           **DR. ZIEMER:** Well -- yeah, go ahead, Mike.

10          **MR. GIBSON:** Once you make your -- your budget  
11          request to DOL and they make the request to OMB  
12          or whoever they do, Congress, the  
13          appropriations committees, then that's a --  
14          that's a one-time shot. And then during the  
15          year you would have to (unintelligible) funds  
16          within your Department or the Department of  
17          Labor if we needed more funds for our  
18          contractors.

19          **DR. WADE:** Within the discretion of what the  
20          appropriators have said. I mean we don't have  
21          unlimited discretion to do that.

22          **DR. ZIEMER:** And if -- if -- it's really very  
23          difficult because once those funds get  
24          earmarked for -- in a certain way, a lot of  
25          times you can't go back and just shift them

1           around without involving the -- the Hill  
2           committee, so it would not be -- I think the  
3           bottom line is, Mike, mid-year is not easy to  
4           change a budget by any significant amount.

5           **MR. GIBSON:** Okay. Well, I guess -- I guess  
6           what you're saying --

7           **DR. ZIEMER:** -- at least that's been my  
8           experience. Lew?

9           **MR. GIBSON:** -- right, and I --

10          **DR. WADE:** Sure.

11          **MR. GIBSON:** -- I kind of understood that, I  
12          just wanted to make sure. But I just -- I'm  
13          just very uncomfortable with the level I've  
14          heard that's -- that the Board is taking on and  
15          our contractor's taking on that this shifting  
16          funds from one task to another -- I just see  
17          somewhere there being a shortfall or someone  
18          getting short-changed or work not being done,  
19          and that (unintelligible) --

20          **DR. ZIEMER:** But -- but I think, Mike, in terms  
21          of even our contractor's current ability in --  
22          in -- you know, ramping up even is -- is not an  
23          overnight process, so I think the ability to  
24          proceed -- and this is a good chunk of work,  
25          and I think it's reasonable for us to proceed

1           on this basis. Keep in mind that originally  
2           our budget was less than \$1 million per year,  
3           when we started out five years ago.

4           **DR. WADE:** Right, we've ramped up considerably,  
5           and if -- if it's the Board's wishes to  
6           consider further ramping up, that's fine. You  
7           --

8           **DR. ZIEMER:** Well, actually it wasn't even five  
9           years ago. I'm talking about when we added our  
10          contractor. We were -- we were talking about  
11          \$3 million over a five-year period.

12          **DR. WADE:** Correct.

13          **DR. ZIEMER:** So we have ramped up considerably.

14          **MR. GIBSON:** No, and I -- it'd probably be  
15          better for me to talk to Dr. Wade after this  
16          meeting off the record on this issue, but that  
17          \$3.5 million figure came about in an odd way,  
18          let's just put it that way, and I'd like to  
19          talk to Dr. Wade after the meeting about that.

20          **DR. WADE:** Sure. But I'm certainly -- and I  
21          look forward to that, Mike, but I'm certainly  
22          open to the Board's suggestion as to what  
23          funding we should pursue for the Board and its  
24          audit contractor, and the Board is free to make  
25          those recommendations.

1           **DR. MELIUS:** I just checked my old e-mail and  
2           my understanding's right. The actual  
3           appropriations for this year is \$4.5 million.

4           **DR. WADE:** Right, I think that's right, and  
5           generally it's a million for the Board and 3.5  
6           for SC&A. The reason I hesitate is I don't  
7           know exactly the state of play of things, but I  
8           think that's what -- what we were targeting  
9           for, a million for the Board's operation and  
10          3.5 for SC&A. Again, if the Board thinks, with  
11          reason, that a higher level is appropriate,  
12          then it needs to make those arguments and I  
13          need to take them forward.

14          **DR. MELIUS:** I -- I think if our -- discussion  
15          at the next meeting we can address...

16          **DR. WADE:** Right. But again, for the public  
17          record, we've -- we've worked very hard to grow  
18          the audit effort as I sense that the Board  
19          required it or thought it necessary. And  
20          again, we've -- we've more than tripled it,  
21          quadrupled it over the last several years. And  
22          again, if the Board thinks more is appropriate,  
23          it can make those recommendations.

24          **DR. ZIEMER:** Did -- did somebody make a motion  
25          to adopt this recommendation?

1           **DR. MELIUS:** I thought I did, but maybe I --

2           **DR. ZIEMER:** Jim Melius did?

3           **DR. MELIUS:** Yes.

4           **DR. ZIEMER:** And who seconded it?

5           **DR. MELIUS:** I don't think we got as far as a  
6 second.

7           **MR. CLAWSON:** I'll second it. This is Brad  
8 Clawson.

9           **DR. ZIEMER:** Okay, any further discussion?

10          **MR. GIBSON:** Yes, just a question. I don't  
11 know if it's appropriate according to Roberts'  
12 Rules or whatever --

13          **DR. ZIEMER:** A question is always in order.

14          **MR. GIBSON:** Would it -- would it be  
15 appropriate to ask for a motion to increase the  
16 amount of money allotted to SC&A if needed?

17          **DR. ZIEMER:** You can certainly request that we  
18 amend this motion. I -- I would suggest that  
19 if we do that, we tie it into something more  
20 specific, like if the Board can identify how  
21 many hours you want to add to Task I and let  
22 them cost that out and if it goes over to --  
23 you know, if it comes out \$3.6 million, so be  
24 it. Or are you -- is that basically what  
25 you're asking?

1           **MR. GIBSON:** I'm -- I'm just asking -- I would  
2           like to make a motion that in the event SC&A  
3           needs more money, whether it's from incoming  
4           SECs or dose reconstructions, blind dose  
5           reconstructions at -- I think -- it's my motion  
6           that the Board should request NIOSH to seek  
7           more money this fiscal year -- this next coming  
8           fiscal year for our contractor.

9           **DR. ZIEMER:** Let me ask the question in this  
10          way, and maybe David Staudt can help answer it.  
11          I think -- I think we -- we certainly have to  
12          tie it in with a specific statement of the work  
13          task. Right?

14          **MR. STAUDT:** That's correct, I mean this --

15          **DR. ZIEMER:** And they have to cost that out.  
16          If -- if the Board were to determine, for  
17          example -- I mean we've -- we've spelled out  
18          everything except the number of hours to be  
19          added in option one. If we said we want that  
20          to be, at a minimum -- and pick your number,  
21          1,000 or 2,000 hours -- and then let them cost  
22          it out and if it comes over three and -- I  
23          think the motion is if it turns out that they  
24          need more money, we should -- the instruction  
25          would be to ask for more. But I don't think

1 open-endedly we can just --

2 **MR. STAUDT:** No, absolutely not, this is a cost  
3 plus fixed fee, it's basically best effort, so  
4 you're identifying a scope and they're doing  
5 their best efforts within the available  
6 funding. And you can't, for example, just say  
7 well, we'd like to have them do \$500,000 more  
8 of work, but they're really not -- that  
9 \$500,000 hasn't been identified. You're not  
10 supposed to put that on a contract.

11 **DR. MELIUS:** This is Jim. I think -- the  
12 procedure, we're fine. One is we were making  
13 recommendations for this current contract based  
14 on past orders that were put in front of -- the  
15 draft task orders put in front of us and from  
16 our -- from our contractor, and I think that's  
17 one motion -- sort of separate motion to  
18 address that, and I think we have that pending.  
19 And my understanding is that we were going to  
20 discuss at our next meeting -- more fully  
21 discuss some of these scope issues, and I think  
22 it would be -- you know, may be appropriate at  
23 that meeting to discuss, you know, do we need -  
24 - given -- when we've more fully explored the  
25 scope and what the Board needs, that -- for us

1 to discuss should this total amount be modified  
2 or should the contract be modified some way.  
3 Then there would be an issue of -- of whether  
4 the funding is available.

5 **MR. GIBSON:** Okay. Well, I -- I just -- you  
6 know, I -- earlier, you know, I heard that it  
7 can't -- it's nearly impossible it be done in  
8 the middle of the year, so if we don't do it  
9 today -- if we don't do something today, you  
10 know, I just thought we'd lost it for a year  
11 and I don't want to see one task cut down to  
12 ramp up for another one. But okay, I'll --  
13 never mind, I'll --

14 **DR. WADE:** Thank you. This is Lew. I think in  
15 all honesty that the difference between today  
16 or the September meeting is not critical in  
17 terms of the ability to get funds. I don't  
18 believe it to be.

19 **MR. GIBSON:** Okay.

20 **DR. WADE:** Those appropriations have already  
21 been set and -- but -- so I don't think we're -  
22 - you're surrendering anything, at least in my  
23 -- in my considered opinion.

24 **DR. MELIUS:** And I think it's important that we  
25 have a -- a good a full -- full justification



1           for the need for additional funding beyond  
2           what's already been put in front of us.

3           **DR. WADE:** Right, I mean again --

4           **DR. MELIUS:** But I don't (unintelligible)  
5           adequate information to be able to do that  
6           today.

7           **DR. WADE:** Right, and just because the Board  
8           asks for it doesn't mean NIOSH is going to seek  
9           it. And just because NIOSH seeks it doesn't  
10          mean NIOSH is going to get it. I mean so the  
11          stronger the arguments, the -- the more likely  
12          we can succeed at whatever it is that the Board  
13          desires.

14          **MR. GIBSON:** Okay, understood. Thank you.

15          **DR. ZIEMER:** Okay, so we have the motion as it  
16          was stated. It's been seconded. Any further  
17          discussion?

18                               (No responses)

19          Then let's vote and we need to vote -- all in  
20          favor will say aye when your name is called.

21          **DR. WADE:** Okay, here we go. Clawson?

22          **MR. CLAWSON:** Aye.

23          **DR. WADE:** Gibson?

24          **MR. GIBSON:** Aye.

25          **DR. WADE:** Griffon?

1           MR. GRIFFON: Aye.

2           DR. WADE: Melius?

3           DR. MELIUS: Aye.

4           DR. WADE: Is Presley still with us? We can --

5           DR. ZIEMER: If we don't need his vote, we  
6           don't need to (unintelligible).

7           DR. WADE: We don't need his vote. Roessler?

8           DR. ROESSLER: Aye.

9           DR. WADE: Lockey?

10          DR. LOCKEY: Aye.

11          DR. WADE: Ziemer?

12          DR. ZIEMER: Yes.

13          DR. WADE: And Poston, not with us.

14          DR. ZIEMER: Okay.

15          DR. WADE: Okay, so it -- it passed.

16          DR. ZIEMER: Motion carries. Thank you very  
17          much.

**INDIVIDUAL DOSE RECONSTRUCTION AND TASK III**

**REVIEW UPDATE**

**MR. MARK GRIFFON, WORK GROUP CHAIR**

18               We need to move ahead here, we're a little  
19               behind schedule. It's currently 4:00 o'clock.  
20               We have individual dose reconstruction Task III  
21               review update. Mark Griffon chaired that  
22               workgroup and Mark wanted to --

23           MR. GRIFFON: Yeah.

24           DR. ZIEMER: -- pick that up at this point.

1           **MR. GRIFFON:** Yeah, hopefully I -- I can be  
2           fairly quick with this one. We have -- I sent  
3           around matrices. I hope everyone got them.  
4           Brad, I can send them to your new address if  
5           you didn't get those. But I have the Task III  
6           procedures matrix and the second and third set  
7           of cases matrices. And we, at the last  
8           workgroup meeting -- I think it was the 27th --  
9           we went through our review process. And  
10          basically at that meeting we merged my version  
11          of the matrix with -- with NIOSH's -- Stu  
12          Hinnefeld's -- to incorporate the final column  
13          of the matrix, which was the program actions.  
14          And I think we -- we -- the agreement with  
15          everyone at the workgroup, NIOSH and SC&A, that  
16          the program actions captured were accurate. So  
17          I think those at this point are -- are in final  
18          form. Does everybody agree with that on the  
19          workgroup? I think those are in final form.

20                               (No responses)

21          And since then I tried to draft -- and I sent  
22          this around and I hope now everyone has it --  
23          sent around a draft letter, which is formatted  
24          in similar fashion as the letter that we had  
25          for the first set of 20. So it's supposed to

1           be -- the front end will look very familiar,  
2           but then the -- the conclusions I reformatted a  
3           little bit to -- to sort of highlight different  
4           sections of the letter report here. The method  
5           for ranking is highlighted. The summary of  
6           findings impacting estimates of individual  
7           doses, that's the -- the SC&A ranking. And  
8           then if you recall, we have this -- this  
9           program-wide or site-wide ranking as a separate  
10          column in the matrix, and that's really based  
11          on not only the individual case finding but  
12          also, you know, whether that finding would have  
13          applied to several different cases because it  
14          would have been carried through for -- for  
15          instance, if -- if there was something that  
16          would likely carry through many dose  
17          reconstructions for that site, or DOE-wide,  
18          then it would have a larger impact or -- or may  
19          have a larger impact. And then the section --  
20          I'm on page two now, halfway down or so, the  
21          summary of audit contractor findings. I do  
22          have a comment on that. I'll come back to that  
23          paragraph. And then the process followed in  
24          the review. That's the six-step process that  
25          we've often referred to. And then the last

1 part is the conclusions and recommendations.

2 And some of these, I should point out, are  
3 similar to findings in the first set, the first  
4 letter that we wrote. The DR report on-- you  
5 know, once again we found several findings  
6 related to concerns about the DR report and the  
7 fact that it may -- may not have captured  
8 information identified by the claimant in their  
9 CATI interview and -- and that would be wise to  
10 do so, some other items like that. Also the --  
11 the ability to -- to audit the DR report, that  
12 it was very difficult to crosswalk the DR  
13 report unless you had all the -- the records  
14 that go behind it, which are on the O drive but  
15 ma-- you know, are often not available to the  
16 claimant.

17 Internal quality control came up in several  
18 different findings, and that was a finding  
19 before, also. Procedural issues, the highlight  
20 of this is the TIB-8 and TIB-10, which we've  
21 heard about at several meetings now. And then  
22 a -- a sort of a new category in the letter is  
23 the external dose issue. This is related to  
24 primarily -- or solely, actually, to the dose  
25 conversion factor that was raised and -- and --

1           and it -- it actually came up in several of the  
2           cases out of these 40 and it -- it remains  
3           unresolved, though. There is -- NIOSH has an  
4           interim strategy for being claimant favorable  
5           in place.

6           And then the ongoing concerns are -- are  
7           similar as in the last one. They -- the -- the  
8           CATI interview, this -- this has come up in  
9           these cases as well as in the procedures  
10          review. And the validation and verification of  
11          -- of records. And the final one is the --  
12          considered one of the efficiency approach that  
13          the -- and the last line there indicates that  
14          NIOSH has modified or clarified their policy,  
15          indicating that overestimating approaches are  
16          warranted only when there is clear efficiency  
17          advantage to them. In other words, if -- if  
18          the data's there and it -- there's no benefit  
19          to using that efficiency approach, then use the  
20          data that you have.

21          So that's -- that summariz-- you know, that's -  
22          - that's the summary letter. I hope people had  
23          time -- I'm sorry for getting it out just this  
24          morning, but that is a summary of the second  
25          and third set of cases -- doesn't address the

1 procedures review at all. I've -- I've left  
2 that separate.

3 Just to -- go ahead, Paul.

4 **DR. ZIEMER:** I was just going to ask, Mark, do  
5 -- is this ready to take action or did the  
6 Board members -- since you only got it this  
7 morning, do you wish to defer action till our  
8 meeting or are you -- are you ready to act on  
9 it now? We do -- we will need to get -- on  
10 page one we will need to get some numbers,  
11 perhaps from Stu Hinnefeld --

12 **MR. GRIFFON:** Yeah, and he -- he did provide  
13 those to me. Just this morning I got some of  
14 those numbers from him.

15 **DR. ZIEMER:** And maybe you can give us those  
16 numbers. This first -- I guess it's the second  
17 paragraph, the XXX, and then the third  
18 paragraph --

19 **MR. GRIFFON:** Yeah, I think Stu said it was  
20 thirty -- around 3,900 -- I think he had a  
21 specific number, but around 3,900 is what I've  
22 filled in now for cases.

23 **DR. ROESSLER:** What is the down side of waiting  
24 until the September meeting? This is a lot to  
25 go through because --

1           **MR. GRIFFON:** Yeah.

2           **DR. ROESSLER:** -- we didn't get until we --

3           **DR. ZIEMER:** I don't think there's a particular  
4 problem in waiting.

5           **MR. GRIFFON:** No, although I would -- I mean I  
6 -- I don't -- I certainly don't mind waiting to  
7 vote on the whole package, the matrices and  
8 this, you know, 'cause the matrices'll be  
9 attached, so I think it would be beneficial for  
10 all Board members to --

11          **DR. ZIEMER:** Have the whole package.

12          **MR. GRIFFON:** -- look close-- look closely at  
13 it, yeah. The only thing I would ask, Paul, is  
14 that if we do vote on it in September, that it  
15 be delivered shortly after. I think --

16          **DR. ZIEMER:** Right.

17          **MR. GRIFFON:** -- I don't know where the first  
18 letter stands.

19          **DR. ZIEMER:** This will be pretty much ready to  
20 go I think --

21          **MR. GRIFFON:** Yeah.

22          **DR. ZIEMER:** -- by the time you're ready in  
23 September, and if we have all the -- if we have  
24 those numbers from Stu, it just -- everything  
25 in electronic form, we can shoot it right in,



1           so --

2           **MR. GRIFFON:** Yeah, and I'll send out a -- a  
3           revision two in a couple of days. I actually -  
4           - the -- the -- the -- one thing I wanted to  
5           discuss briefly is the summary of the audit  
6           contractor findings. I think I -- I -- I've  
7           already edited it on my copy here, but I put  
8           down 38 of 40 and two cases that may have been  
9           affected, and I think really at this point --  
10          or -- or -- I think conclusion's more likely  
11          that one case, case number 49, could be  
12          affected. And that's a lymphoma case which has  
13          the new policy in place for -- for dose  
14          reconstruction. The -- there are four other  
15          cases, though, that -- in our -- out of the 40  
16          that are -- that NIOSH and SC&A have agreed  
17          need further evaluation, so they've -- so I've  
18          re-- I've re-worded that paragraph a little to  
19          reflect that, that one -- one has insufficient  
20          information --

21          **DR. ZIEMER:** Oh, okay, so --

22          **MR. GRIFFON:** -- but there's four --

23          **DR. ZIEMER:** -- (unintelligible) --

24          **MR. GRIFFON:** -- that need re-evaluation --  
25          yeah.

1           **DR. ZIEMER:** -- paragraph, okay.

2           **MR. GRIFFON:** Yeah, so I'll -- I'll forward a  
3           rev. 2, and then you'll have the two matrices  
4           and -- that are -- you know, I think we can  
5           take it up for a vote at the September meeting.

6           **DR. ZIEMER:** Okay. Let me ask if there's any  
7           questions on this at the moment?

8           **MR. HINNEFELD:** This is -- this is Stu  
9           Hinnefeld. Well, the -- the comment that, you  
10          know -- the one that is insufficient, that case  
11          number 49, since that is the result of the  
12          change in the policy for target organ rather  
13          than any kind of error in the dose  
14          reconstruction, will those words kind of be  
15          reflected in the letter?

16          **MR. GRIFFON:** Yeah, I think we'll have to put  
17          something -- yeah. Yeah. Yeah.

18          **DR. ZIEMER:** Yeah, it probably --

19          **MR. GRIFFON:** We have to clarify that, right.

20          **DR. ZIEMER:** -- clarify that it --

21          **MR. GRIFFON:** Yeah.

22          **DR. ZIEMER:** -- make sure it's not shown as a  
23          deficiency then.

24          **MR. HINNEFELD:** Stu Hinnefeld again.

25          **DR. ZIEMER:** Right.

1           **MR. HINNEFELD:** Up on page two there's a second  
2           insert, Tables -- 21 to 60. Are those the  
3           selection -- the tables that are essentially  
4           the selection tables that I --

5           **MR. GRIFFON:** Yes.

6           **MR. HINNEFELD:** Okay. I'll provide those, as  
7           well.

8           **MR. GRIFFON:** Yeah.

9           **DR. ZIEMER:** And -- and Stu, what -- what are  
10          the correct numbers on the first page?

11          **MR. HINNEFELD:** Well, I e-mailed it to Mark. I  
12          didn't keep them --

13          **DR. ZIEMER:** Oh, you don't have --

14          **MR. GRIFFON:** It wa-- yeah, it wa--

15          **DR. ZIEMER:** Mark'll insert those --

16          **MR. GRIFFON:** Yeah, it was actually 3,892. I  
17          was just going to put approx-- since I have  
18          "approximately" in the -- in the letter, I  
19          thought I'd put approximately 3,900.

20          **DR. ZIEMER:** Oh, approximately, okay.

21          **MR. GRIFFON:** Yeah.

22          **MR. HINNEFELD:** And the --

23          **DR. ZIEMER:** Okay.

24          **MR. HINNEFELD:** -- that was as of the selection  
25          for the third set. That was February of '05

1           when the third set was selected, so --

2           **MR. GRIFFON:**   Okay.

3           **DR. ZIEMER:**   Yeah, we need to put the date in -  
4           -

5           **MR. HINNEFELD:**  -- the second set was selected  
6           a couple of months earlier.

7           **DR. ZIEMER:**   Okay.

8           **MR. GRIFFON:**   All right.

9           **MR. HINNEFELD:**  I thought that would be the --  
10          since we're talking about them sort of together  
11          here --

12          **DR. ZIEMER:**   And the second number --

13          **MR. HINNEFELD:**  -- (unintelligible) --

14          **DR. ZIEMER:**   -- is what then?

15          **MR. HINNEFELD:**  -- that other date.

16          **DR. ZIEMER:**   In the next paragraph, the 40  
17          cases covered in this report, selected from an  
18          unrepresentative pool of -- what is that  
19          number?

20          **MR. GRIFFON:**   I think that's the same number.

21          **DR. ZIEMER:**   Oh, that's the same number?

22          **MR. GRIFFON:**   That's referencing the same  
23          number, yeah.

24          **DR. ZIEMER:**   Oh, okay.   I see.

25          **DR. WADE:**    So we can get those numbers in rev.

1	2 and get --
---	--------------

2 MR. GRIFFON: Yeah, yeah.

3 DR. ZIEMER: Okay, any --

4                   **MR. GRIFFON:** And I'll cla-- I'll clarify that  
5                   wi-- yeah, I think that's the same number,  
6                   though, Paul, but...

7 DR. ZIEMER: Okay, good. Any other questions  
8 on this?

9	(No responses)
---	----------------

## PLANS FOR SUBCOMMITTEE ACTIVITIES

**DR. PAUL ZIEMER, CHAIR**

10 If not, I think we can move on to the issue of  
11 subcommittee plans. Let me remind you, at our  
12 last meeting we talked about sort of modifying  
13 the structure of the subcommittee so that it  
14 looked and acted more like a subcommittee  
15 rather than a full Board. And the -- the idea  
16 there was to have a four-person subcommittee  
17 with two alternates, and to revise the charter  
18 bec-- this would become the Subcommittee on  
19 Dose Reconstruction. Currently it's called  
20 Subcommittee for Dose Reconstruction and Site  
21 Profile Reviews. I think we have distributed  
22 the existing charter, and it's on the web site,  
23 as well. Did we -- Lew, I think you  
24 distributed to --

1           **DR. WADE:** Yes.

2           **DR. ZIEMER:** -- the Board members the charter.  
3           What I was going to suggest and -- and based on  
4           our discussion at the last meeting, it had been  
5           agreed that Mark would chair this. The other  
6           members identified for this subcommittee were  
7           Mike and John Poston and Wanda. Since Wanda no  
8           longer will be on that subcommittee, the next  
9           person -- we had two alternates identified.  
10          One was Bob Presley and the other was Brad, and  
11          so I'm suggesting that we move Bob Presley up  
12          into the membership position and we need a  
13          second alternative (sic) in addition to Brad,  
14          and I -- according to Lew's notes, Gen had also  
15          volunteered but we didn't use her so we --  
16          'cause we had our two alternates. But if Gen  
17          is still available, she could become the second  
18          alternate then.

19          **DR. ROESSLER:** Okay.

20          **DR. ZIEMER:** Is that agreeable?

21          **DR. ROESSLER:** Sure.

22          **DR. ZIEMER:** And now -- so that subcommittee is  
23          the one that, if we have a subcommittee meeting  
24          prior to the meeting, that's the group that  
25          would be meeting. Those are the four

1 individuals, and the alternates of course could  
2 attend if they wished, as well, and Mark would  
3 lead that.

4 And in terms of the charter itself, if you  
5 would turn to that charter, I'll just point out  
6 a couple of items, and then I -- I think we can  
7 --

8 **MR. GRIFFON:** Paul --

9 **DR. ZIEMER:** Yeah.

10 **MR. GRIFFON:** -- just a question on that. If  
11 we -- we now have nine members. If the two  
12 alternates attend, don't we have a quorum of  
13 the Board?

14 **DR. ZIEMER:** Let's see -- yeah, I guess it's  
15 going to depend on whether some new members are  
16 named --

17 **MR. GRIFFON:** Yeah, okay.

18 **DR. ZIEMER:** -- but --

19 **DR. WADE:** I'll try and manage --

20 **DR. ZIEMER:** Yeah, we may --

21 **MR. GRIFFON:** Yeah, we may have to --

22 **DR. ZIEMER:** -- alternates out of there.  
23 Right?

24 **MR. GRIFFON:** No, I'm just --

25 **DR. ZIEMER:** (Unintelligible) but -- a good

1 point, but in any event, if you look at the  
2 charter, the changes -- and again, I think we  
3 can operate next month under the existing  
4 charter. That wouldn't be a problem. But what  
5 I'm going to propose is the adoption of a new  
6 charter at our next meeting. I just want to  
7 point out what changes would be made.

8 The -- on the very first page, the name of the  
9 subcommittee would become the Subcommittee for  
10 Dose Reconstruction, so we would be dropping  
11 the site profile reviews. And then the  
12 membership, if that -- wherever that "site  
13 profile reviews" appears again, that would be  
14 dropped.

15 It says the membership shall be selected from  
16 the attached roster of Board members, and what  
17 we would do would be to say that the membership  
18 shall be as shown on the attached roster, and  
19 we would simply name the individuals, not being  
20 the full Board. So those changes would occur  
21 on page one.

22 On page two, which has the subcommittee  
23 charges, as I see it now -- and again, we'll  
24 have a revision copy for you to act on at the  
25 next meeting, but as I see it now, items one



1           and two would disappear because those are some  
2           items that are now handled in different ways  
3           and actually have really nothing to do directly  
4           with -- with the issue of dose reconstruction,  
5           per se. The third item would become item one,  
6           but we would drop the words "and site profile  
7           reviews". Item four would drop out. Item  
8           five, six, seven -- five and six would remain.  
9           Item seven would be the same except for  
10          dropping "and site profile review reports."  
11          Item eight would remain the same except for  
12          dropping "site profiles and." And then I would  
13          say that we would --  
14          **MR. GRIFFON:** Paul --  
15          **DR. ZIEMER:** Yeah.  
16          **MR. GRIFFON:** -- just -- just a question on --  
17          on dropping number four. I thought earlier in  
18          the budget discussion we just -- I -- I  
19          understood that we were actually going to maybe  
20          work on some of that to -- clarifying scope.  
21          **DR. ZIEMER:** Well, the way this is written is  
22          it was looking at all of the contractor tasks  
23          at that point, and I think -- I think we would  
24          handle it differently here, and I have -- I  
25          have a -- a new item to add --

1           **MR. GRIFFON:** Okay.

2           **DR. ZIEMER:** -- at the end. Let's see --

3           **DR. MELIUS:** Paul, this is Jim Melius. I've  
4 got to sign off. I have to get to another  
5 meeting.

6           **DR. ZIEMER:** Okay. Well, we -- we're not going  
7 to take action on this --

8           **DR. MELIUS:** I understand, that's --

9           **DR. ZIEMER:** Okay. The Board would still --  
10 this group would still have some  
11 responsibilities to -- to make recommendations  
12 relative to such things as the scope of the  
13 dose reconstruction reports, the issue that we  
14 talked about earlier --

15          **MR. GRIFFON:** Yeah.

16          **DR. ZIEMER:** -- and then I have an item added  
17 which I'll just read to you here and you'll get  
18 it in writing for the next meeting. (Reading)  
19 Review findings of the Board's audit contractor  
20 regarding dose reconstruction cases that have  
21 been reviewed by the contractor in conjunction  
22 with the Board's review panels, assure that  
23 these findings are considered by NIOSH, and  
24 oversee the development of findings.  
25 That really has to do with the -- the matrices

1           that are developed --

2           **MR. GRIFFON:** Yeah.

3           **DR. ZIEMER:** -- in the final findings. And  
4           then we would have to have some words to cover  
5           those one item that we talked about today in  
6           the --

7           **MR. GRIFFON:** Okay.

8           **DR. ZIEMER:** But basically what we would be  
9           doing would simply be modifying the charter to  
10          reflect the specific group and the focus on  
11          dose reconstruction activities.

12          **DR. WADE:** Right, and with your permission  
13          then, I'll work with the subcommittee chair to  
14          -- to bring a proposal to the September meeting  
15          as to the charter.

16          **DR. ZIEMER:** Yeah, and what I was going to do,  
17          and I'll make this available and the  
18          subcommittee can review the proposed charter,  
19          I'll just provide you a rewording of this stuff  
20          that I have here and you can use that as a  
21          straw man to work from. And then we -- we need  
22          to make sure that it includes these issues that  
23          we talked about earlier today in terms of --

24          **DR. WADE:** Right.

25          **DR. ZIEMER:** -- defining things like the -- the

1           issue of the blind reviews and those kinds of -  
2           - sort of policy issues.

3           **DR. WADE:** Right, and Mark and I can work --

4           **DR. ZIEMER:** And keep in mind now, in the  
5           framework of our meeting, insofar as it may  
6           work out, we can have other workgroups meet  
7           during that morning hour. Now obviously they  
8           can't all because there's an overlap in  
9           membership. But if we have -- have this  
10          subcommittee meeting, it might be possible for  
11          a couple of the other workgroups to also meet  
12          prior to the Board meeting. We'll have to look  
13          at the specific membership and see how that  
14          would work out.

15          **DR. WADE:** Right. And just for the record,  
16          Mark, subcommittee meetings would be noticed,  
17          and we don't have to worry about the quorum  
18          issue. We've often had a quorum of the Board  
19          present at subcommittee meetings.

20          **MR. GRIFFON:** That's correct, okay.

21          **DR. ZIEMER:** Yeah, and since those meetings are  
22          announced and open, it's probably not a -- an  
23          issue.

24          **DR. WADE:** Right, it's only the workgroups that  
25          we have to.

1                   **MR. GRIFFON:** Correct, thank you.

2           **DR. ZIEMER:** So that sort of outlines the plan  
3           there, and there will -- we'll be prepared to  
4           take specific action then and implement it at  
5           the -- at the September meeting.

## CONSTRUCTION WORKER ISSUES

DR. PAUL ZIEMER, CHAIR

6 Now on the construction worker issues, which is  
7 the last main item on the agenda today, there  
8 was a letter which I distributed to everyone  
9 several weeks ago -- I'm looking for my copy  
10 here. Here it is. This is -- was a letter  
11 from Pete Stafford\*. Pete's the director of --  
12 what they -- group is called, it's CPWR --

13 DR. WADE: Center for Protection of Worker  
14 Rights.

15 DR. ZIEMER: Yeah, Center for Protection of  
16 Worker Rights. And he referred to comments  
17 made by Knut Ringen at our meeting and some  
18 issues relating to the development of -- of a  
19 model for reconstructing doses for construction  
20 workers and so on. Did everybody get a copy of  
21 that letter?

22 UNIDENTIFIED: Yeah.

23 DR. ZIEMER: Anyone that didn't?

24	(No responses)
----	----------------

1           Subsequently -- and I asked Larry Elliott to  
2           also comment and -- and see where they were  
3           'cause we know they're developing some models  
4           for -- for construction worker dose  
5           reconstructions. And we got -- Larry did  
6           provide some information relative to the  
7           information in -- in Pete's letter, and -- is  
8           Larry or -- or Stu, are you handling --  
9           **DR. WADE:** I think Jim -- Jim is on, Jim Neton.  
10          **DR. ZIEMER:** Jim Neton.  
11          **DR. NETON:** Yeah, I'm on.  
12          **DR. ZIEMER:** Can you kind of give us an update  
13          on where we are in terms of the -- the  
14          construction worker dose reconstruction models  
15          and related issues? 'Cause I'll need to  
16          respond to Pete's letter and I'll need some  
17          input on that.  
18          **DR. NETON:** Right. First I -- I could -- I  
19          should clarify that when we speak here of  
20          construction workers, we're -- we're speaking  
21          specifically of what we call second tier  
22          construction workers. That is -- and -- and I  
23          prefer to call them building trades workers,  
24          but those building trades workers who were not  
25          employed by the prime contractor at the site.

1           In other words, this wouldn't include people  
2           who were electricians, pipe fitters, plumbers  
3           who worked directly for the DOE prime  
4           contractor because we have been doing those  
5           dose reconstructions all along and we believe  
6           that the sites' monitoring program adequately  
7           can be used to bound their exposures.

8           For this sort of separate set of workers we are  
9           -- we have developed a site profile. It's on  
10          its probably third revision right now, and the  
11          release of it is -- is very close. In fact,  
12          I'm meeting tomorrow morning with the ORAU team  
13          that developed some of the -- this document to  
14          go over the final details. It has been through  
15          a number of revisions. It's been late in  
16          coming, but we feel that it's going to be  
17          released very shortly. That's about all I can  
18          offer, I guess.

19         **DR. ZIEMER:** Okay. Well, in any event, we --  
20         we need to -- and perhaps what I should do is  
21         volunteer to draft a letter for the Board to  
22         review at our September meeting which will  
23         provide an update on where NIOSH is on -- on  
24         their process, and also I think Larry has  
25         provided some information on -- there -- there

1           is some information in -- in Pete's letter  
2           which appears to be incorrect in terms of the  
3           numbers of claims of -- or dose reconstructions  
4           of construction workers and so on and we need  
5           to provide the -- the correct numbers there.  
6           But would that be agreeable if I simply drafted  
7           a letter and brought it to the Board to review  
8           before we send it out?

9           **DR. WADE:** I would point out, Paul -- this is  
10          Lew -- that Pete also ends with some very  
11          specific requests. I think it would be worth  
12          your considering at least putting forward a  
13          possible answer. For example, he says in his  
14          first request he'd like to see the Board  
15          arrange to have the Technical Basis Document  
16          reviewed. Well, you know, that's something the  
17          Board could assign to SC&A as a -- as a task  
18          within that Task I we've been talking about. I  
19          think -- as you go through these I think there  
20          are possible responses the Board could make.  
21          You know, possibly you could consider them and  
22          then bring some alternatives or recommendations  
23          for the Board to consider on Pete's  
24          recommendations.

25          **DR. ZIEMER:** Well, they -- these are identified



1           in his letter on the second page as "issues" --  
2           we raise these issues and ask that the Board  
3           consider them as -- and these are -- it says  
4           since OCAS expects to consider the Technical  
5           Basis Document soon, please consider  
6           establishing a subcommittee to address it. We  
7           heard from Jim as to where they are, so that  
8           will be on the street -- hopefully very  
9           shortly.

10          OCAS has completed a large number of  
11          construction worker DRs, and actually the  
12          numbers are -- according to Larry, are nine.  
13          So I don't know if that's a large number, but  
14          it says we requested SC&A (unintelligible) its  
15          expertise in construction worker exposure  
16          estimations, check the random sample  
17          construction worker DRs for audit, and so on.  
18          So we have that request. And then this third  
19          one -- OCAS should investigate and summarize  
20          cases of past DOE and concern-- and this is  
21          sort of a task for -- he's asking, I think,  
22          NIOSH to do.

23          Then we ask the Board to add a program  
24          performance evaluation of its overall Q and A  
25          procedures and so on.

1           **DR. WADE:** I think all of those deserve some  
2           consideration.

3           **DR. ZIEMER:** Yeah.

4           **DR. WADE:** I think they're -- I think they're -  
5           - they're -- they're presented I think in the  
6           spirit of improving things and I think we need  
7           to consider them as such.

8           **DR. ZIEMER:** Right. Now all of these may  
9           require a fair amount of discussion time, and  
10          we had hoped originally, when we set up this  
11          meeting, that we would have that time. But we  
12          actually are at our official adjournment point  
13          here and so it may be, Lew, that we will have  
14          to put these individual items on the table for  
15          specific discussion --

16          **DR. WADE:** At the next meeting.

17          **DR. ZIEMER:** -- at our Board meeting.

18          **DR. WADE:** I agree. Makes sense.

19          **DR. ZIEMER:** And I think in terms of those  
20          specific actions, anything -- well, we actually  
21          will have to defer responding till we see what  
22          the Board wishes to do on each of these items.

23          **DR. WADE:** I think you're correct.

24          **DR. ZIEMER:** In the meantime, I -- I could -- I  
25          could write Pete and simply indicate to him

1           that we plan to do so, and that would be -- I  
2           think I can just do that on my own.

3           **DR. WADE:** And invite him to -- possibly invite  
4           him to the meeting.

5           **DR. ZIEMER:** Sure. So in the -- without  
6           objection, we'll do that and indicate to Pete  
7           what the plan is.

8           **BOARD WORKING TIME**

9           Let me ask if there are any other items that  
10          need to come before us?

11          **DR. WADE:** I have two that are very important  
12          to me, if I might, Paul.

13          **DR. ZIEMER:** You bet.

14          **DR. WADE:** We -- there is a meeting scheduled  
15          on the 22nd of August in Cincinnati to look at  
16          the Savannah River site profile. That was a  
17          workgroup to be chaired by Dr. DeHart.

18          **DR. ZIEMER:** Roy DeHart was the chair.

19          **DR. WADE:** It had Gibson, Griffon and Lockey.  
20          I'd like some sense as to how to proceed. I --  
21          you know, I would like to -- to keep the  
22          momentum going, but we are currently without a  
23          chair.

24          **DR. ZIEMER:** Yeah, Gibson, Griffon, Lockey, we  
25          really need to add a person to that group...

1           **DR. WADE:** (Unintelligible)

2           **DR. ZIEMER:** -- first meeting of that group, I  
3 believe.

4           **DR. WADE:** Correct.

5           **MR. GRIFFON:** Well, we did have one phone  
6 meeting.

7           **DR. ZIEMER:** You had a phone meeting.

8           **MR. GRIFFON:** Yeah.

9           **DR. WADE:** Uh-huh.

10          **DR. ZIEMER:** Right.

11          **MR. GRIFFON:** I mean I think we all set that  
12 date aside, I -- it would be good to --

13          **DR. WADE:** To keep it.

14          **MR. GRIFFON:** -- stick with it, yeah.

15          **DR. ZIEMER:** Yeah, I -- yeah, I'm just thinking  
16 we -- we need to -- we need to perhaps add one  
17 more person, and then we need to designate a  
18 chair.

19          **MR. CLAWSON:** Paul, this is Brad Clawson. I  
20 would -- I would help out with what you want,  
21 but I really don't want to chair it too bad.

22          **DR. ZIEMER:** You're volunteering not to chair  
23 it, is that --

24          **MR. CLAWSON:** I'm volunteering to help, but I  
25 don't want to chair it.

1           **DR. ZIEMER:** I understand.

2           **MR. GIBSON:** Paul --

3           **DR. ZIEMER:** Yes.

4           **MR. GIBSON:** -- this is Mike. I'll volunteer  
5 to chair the meeting if -- if -- if the other  
6 members agree.

7           **DR. LOCKEY:** I agree to that.

8           **DR. ZIEMER:** Let's appoint you -- and I'm going  
9 to change phones here. My -- my battery is  
10 going dead.

11          **DR. WADE:** Well, thank you, Mike, very much for  
12 that. You -- you've -- you've watched Mark and  
13 I think you're in wonderful position to chair,  
14 so we would add Mike as chair and add Brad to  
15 the working group, and the meeting would  
16 continue --

17          **DR. ZIEMER:** And Brad was already on the group,  
18 so we could still use one more person.

19          **DR. WADE:** Brad is -- Brad is not.

20          **DR. ZIEMER:** Oh, Brad is not? I thought I had  
21 him down.

22          **DR. WADE:** It was Gibson, Griffon, Locky and  
23 DeHart.

24          **DR. ZIEMER:** Okay, I gotcha, yeah.

25          **DR. WADE:** So Brad joins and Mike --

1           **DR. ZIEMER:** Yeah, Brad as a volunteer.

2           **DR. WADE:** -- moves in as the chair.

3           **DR. ZIEMER:** Okay. All right.

4           **DR. ROESSLER:** And if you need an alternate for  
5 some reason, I just checked my calendar, I'm  
6 free.

7           **DR. ZIEMER:** Okay. Well, we'll proceed with  
8 Mike chairing then, and Mark and Jim Locky and  
9 Brad Clawson.

10          **DR. WADE:** Right. The other issue I would  
11 raise -- Dr. Melius is not here, but there is  
12 also a -- a workgroup that was to look at SEC  
13 issues, with Melius chair, with Griffon, Wanda  
14 and Dr. Locky. Two things about that. One is  
15 we have the hole created by Wanda. We also now  
16 have SC&A unencumbered to look at Nevada Test  
17 Site, and particularly that issue of the 250  
18 days. So I just want to let everyone know that  
19 -- I think Dr. Melius was going to tell you  
20 that he's going to engage SC&A on that issue,  
21 and so I'll say that for him. We do need,  
22 though, a replacement for Wanda on that  
23 workgroup, chaired by Melius, Griffon and  
24 Locky, and we need someone else.

25          **DR. ROESSLER:** When does that meet?

1           **DR. WADE:** It's not been scheduled yet.

2           **DR. ROESSLER:** I'd volunteer, depending on the  
3 meeting date.

4           **DR. ZIEMER:** Well, yeah, and the meeting date  
5 will be determined by common consent amongst  
6 the members.

7           **DR. ROESSLER:** Okay.

8           **DR. WADE:** But I'll also let the Board know  
9 that Dr. Melius intends to contact SC&A through  
10 me to -- to get them turned on to this 250-day  
11 issue.

12          **DR. ZIEMER:** Right. So this now will be  
13 Melius, Griffon, Roessler, Lockey.

14          **DR. WADE:** Right.

15          **DR. ZIEMER:** Okay.

16          **DR. WADE:** Okay, we have -- we have some  
17 others. We have the Nevada Test Site, which  
18 was Presley, Roessler, Wanda and Clawson. Now  
19 we have to replace Wanda. Again, Bob Presley,  
20 I don't know if you feel you desperately need a  
21 replacement or how that's going or what your  
22 thoughts are.

23          **DR. ZIEMER:** Lew, Bob is off the phone.  
24 Remember, he had a doctor's appointment.

25          **DR. WADE:** Okay, so we can leave that one

1 opened.

2 **DR. ZIEMER:** And we'll fill it if needed.

3 **DR. WADE:** I think then we're in decent shape.

4 **DR. ZIEMER:** Great.

5 **DR. WADE:** Okay. Sorry to rush through those.

6 **DR. ZIEMER:** Okay, any other business to come  
7 before us then today?

8 **MR. CLAWSON:** Yeah, Paul, this is Brad Clawson.

9 I just mentioned the -- Mike Gibson on this  
10 Savannah River, if -- if I could get some of  
11 the information and stuff that it started out  
12 or whatever, I'd -- I'd appreciate it.

13 **DR. ZIEMER:** Yeah, Mike, can -- can you make  
14 sure that he gets copies of everything?

15 **MR. GIBSON:** Yeah, I'll get everything that --  
16 I'll get everything that was sent to me and try  
17 to send it out and try to get up to speed on  
18 this a little bit more and get in touch with  
19 everyone.

20 **DR. WADE:** All right, Mike, maybe you and I can  
21 talk. We have several issues to talk about and  
22 maybe we could figure out how to get some of  
23 that matrix construction and stuff done and I  
24 might be able to assist you in that.

25 **MR. GIBSON:** Okay, great, Lew.



1           **DR. WADE:** Thank you.

2           **DR. ZIEMER:** Okay, then I think we've concluded  
3           our business. I look forward to seeing  
4           everybody in Las Vegas --

5           **THE COURT REPORTER:** Dr. Ziemer --

6           **DR. ZIEMER:** Yeah.

7           **THE COURT REPORTER:** -- this is Ray.

8           **DR. ZIEMER:** Yeah, Ray.

9           **THE COURT REPORTER:** Could I ask a question?  
10          It seems like last week in Cincinnati we  
11          scheduled -- did we schedule a teleconference  
12          workgroup for August 31st? Am I correct on  
13          that?

14          **UNIDENTIFIED:** This is (unintelligible), yeah,  
15          we did.

16          **DR. ZIEMER:** Let's see -- Lew, do you have that  
17          on your schedule?

18          **DR. WADE:** Boy, it rings a bell, but I don't  
19          have it on a piece of paper in front of me.

20          **MR. GRIFFON:** Ray -- Ray, that's a face-to-face  
21          workgroup. I was wondering why nobody heard  
22          me; I was on mute.

23          **DR. WADE:** So that's your workgroup?

24          **MR. GRIFFON:** Yeah, it's the Rocky Flats and  
25          we're going to be in Cincinnati. We're -- we

1 agree that those are better to be in person.

2 **THE COURT REPORTER:** Okay. So then am I  
3 correct that what we have left in August is the  
4 22nd face-to-face in Cincinnati and the 31st,  
5 also in Cincinnati face to face?

6 **DR. WADE:** Right, and possibly something coming  
7 from Dr. Melius on Nevada Test Site 250 days.

8 **THE COURT REPORTER:** In August?

9 **DR. WADE:** I don't know.

10 **THE COURT REPORTER:** Oh, okay.

11 **DR. ZIEMER:** We don't know on that one yet.  
12 We'll have to find --

13 **MR. GRIFFON:** At least those two, yeah.

14 **THE COURT REPORTER:** Okay. Thank you.

15 **DR. WADE:** Thank you.

16 **DR. ZIEMER:** Okay, any other business?

17 **DR. BEHLING:** This is Hans Behling. Regarding  
18 the 250-day issue, that was also brought up in  
19 behalf of the Ames, Iowa SEC petition and was  
20 never resolved. Is there any status on that  
21 issue?

22 **DR. WADE:** No, I think -- I think Dr. Melius's  
23 workgroup will take on that issue, as well as  
24 Pacific Proving Grounds.

25 **DR. ZIEMER:** A couple of -- two sites at least,

1           or more.

2           **DR. WADE:** I think all three of them, Hans,  
3           will be brought to you, but it was -- it was  
4           awaiting a resolution of the Nevada Test Site.

5           **DR. BEHLING:** Okay, thanks.

6           **DR. ROESSLER:** Paul, since we haven't been cut  
7           off yet -- this is Gen.

8           **DR. ZIEMER:** Uh-huh.

9           **DR. ROESSLER:** I did want to bring up something  
10          that I think at some time maybe needs some  
11          discussion, and this goes back to the beginning  
12          of our discussion today --

13          **DR. ZIEMER:** Oh, you were asking about terms.

14          **DR. WADE:** Let me try and do that, if I can --

15          **DR. ZIEMER:** Yeah.

16          **DR. WADE:** -- well, until they cut us off. The  
17          charter -- when the Board was rechartered in  
18          2005 the modification was made that Board  
19          members would serve terms and there would be  
20          rotation. Before that, there was no thought of  
21          rotation. The rules that are being used by  
22          NIOSH and the White House Office of Personnel  
23          are that one-third of Board members will rotate  
24          off each year. The initial rotation was  
25          determined alphabetically. The White House

1 Personnel will decide, on a case by case basis,  
2 of who stays and who goes. So that the plan  
3 was with 12 Board members there would be four  
4 rotating off each year starting in 2005.

5 **DR. ZIEMER:** Or four per year?

6 **DR. WADE:** Four per year.

7 **DR. ZIEMER:** Four per year.

8 **DR. WADE:** Excuse me, four per year or a third  
9 of the -- of the membership.

10 **DR. ZIEMER:** Oh, a third of the membership,  
11 right, okay.

12 **DR. WADE:** A third of the membership, four per  
13 year. There again, the annual rotation is  
14 subject to the timing of when the White House  
15 actually does it, and so I mean -- it can't be  
16 rigid that it's one year, but the target was  
17 each year four members would rotate and the  
18 order was selected alphabetically. It doesn't  
19 mean that everyone would be rotated off. Some  
20 members could be re-upped, and that's a  
21 decision made by the White House.

22 **DR. ZIEMER:** Yeah, this last statement we got  
23 said that three were going on four a four-year  
24 term, so that was a little confusing.

25 **DR. WADE:** Well, and they say -- it was up to a

1 four-year term --

2 **DR. ZIEMER:** Right.

3 **DR. WADE:** -- because that's the wording in the  
4 charter.

5 **DR. ZIEMER:** Oh, okay.

6 **DR. WADE:** The charter says up to a four-year  
7 term, and that's to allow for a little bit of -  
8 -

9 **DR. ZIEMER:** Overlap.

10 **DR. WADE:** -- elasticity in the three years.

11 **DR. ROESSLER:** So does the -- I think what I'm  
12 really getting at is that most appointments by  
13 agencies, you have a clear understanding as to  
14 when your term ends, and that allows a person  
15 to plan for other appointments to other things  
16 that might come up. I guess personally I feel  
17 at this point I'm -- I'm really unclear as to  
18 what my appointment might be. I'd be unclear  
19 if something else -- if I had another  
20 opportunity as to whether I could take it or  
21 not.

22 **DR. WADE:** You need to consult with me on that.  
23 Alphabetically, you would be in the third  
24 group. The second group has just been dealt  
25 with in terms of this announcement, so next

1           year your -- you would be one of the four  
2           members under consideration.

3           **DR. ROESSLER:** Okay, that -- that helps.

4           **DR. WADE:** I can't speak beyond that, Gen, as  
5           to what the decision would be.

6           **DR. ROESSLER:** Okay. I think in answer to the  
7           question, for this year then the rotation has  
8           been determined.

9           **DR. WADE:** That's my understanding.

10          **DR. ROESSLER:** Okay. Okay.

11          **MR. CLAWSON:** And Lew, this is Brad Clawson.  
12          Being one of the newer members, if you remember  
13          right, it took over a year for me to be able to  
14          get put on line and going, from the time they  
15          made the announcement to me. I think it'd be  
16          very beneficial -- you know, there's a lot to -  
17          - to learn on this. If there's any way they  
18          could bring these new members in, let them  
19          learn from some of the previous -- I know it's  
20          just a suggestion, but I think they should  
21          really look at it.

22          **DR. WADE:** That's a good -- good suggestion.  
23          You know, personally, for the record, I'm not  
24          in favor of the rotation because I do believe  
25          that there is such a tremendous learning curve

1           and there's such a value in knowledge, and yet  
2           I do understand the value of, you know, fresh -  
3           - fresh faces, fresh minds. But you know, it's  
4           not my decision.

5           **DR. LOCKEY:** Lew, Jim Lockey, one question.  
6           The S-- SEC review, is -- at the last face-to-  
7           face meeting there was going to be a review  
8           process also for petitions denied. Is that --  
9           is that what you were talking about?

10          **DR. WADE:** Yes, as part of the task of that  
11          working group, yes.

12          **DR. LOCKEY:** Okay, good. Thanks.

13          **DR. ZIEMER:** Okay.

14          **DR. WADE:** Sorry to rush at the end, but Gen, I  
15          wanted to get you your answer.

16          **DR. ROESSLER:** Thank you.

17          **DR. ZIEMER:** Thank you very much. So I'll  
18          declare the meeting adjourned. We'll look  
19          forward to seeing you all next month.

20          **DR. WADE:** Thank you.

21          (Whereupon, the meeting adjourned at 4:45 p.m.)

1

**CERTIFICATE OF COURT REPORTER****STATE OF GEORGIA****COUNTY OF FULTON**

I, Steven Ray Green, Certified Merit Court Reporter, do hereby certify that I reported the above and foregoing on the day of August 8, 2006; and it is a true and accurate transcript of the testimony captioned herein.

I further certify that I am neither kin nor counsel to any of the parties herein, nor have any interest in the cause named herein.

WITNESS my hand and official seal this the 24th day of September, 2006.

---

**STEVEN RAY GREEN, CCR****CERTIFIED MERIT COURT REPORTER****CERTIFICATE NUMBER: A-2102**